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D	ate:		02/22/2023	
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Name:	Gra	ce Aven	ue Productions, Inc.	
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Articles of Domestication Foreign Corporation Domesticating to Florida

The undersigned, Marsha L. Swinton	Chief Executive Officer 5
(Name)	(Title)
of Grace Avenue Productions I	Inc. , a foreign
corporation, in accordance with s. 607.11922, Flo Domestication.	orida Statutes, submit these Articles of
	Grace Avenue Productions Inc.
	(Foreign Corporation)
The jurisdiction and date of its formation its	California, October 5, 2010
	Grace Avenue Productions Inc.
4. The jurisdiction of formation of the domes	sticated corporation is Florida
 The domestication corporation is a foreign approved in accordance with its organic la 	
 Attached are Florida Articles of Incorporat requirements pursuant to s.607.0202, F.S. 	·
I certify I am authorized to sign these Articles of D	Domestication on behalf of the corporation.
M	lassha L. Swinton
(Ar itl	รัสสัศษ์ปริจัยnature)

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

Signature/Registered Agent

THE NAME OF THE CORPORATION SHALL BE:

GRACE AVE	NUE PRODUCTIONS INC.		
ARTICLE II	PRINCIPAL OFFICE		
THE PRINCIPAL P.	LACE OF BUSINESS/MAILING AD	DRESS IS:	
Principal Address 2318 McClellan Pwy		Mailing Address 15 Paradise Plz, PMB 263	
Sarasota, FL 342	239	Sarasota, FL 34239	
ARTICLE III THE PURPOSE FO	PURPOSE OR WHICH THE CORPORATION IS	S ORGANIZED:	
ARTICLE IV THE NUMBER OF	SHARES SHARES OF STOCK IS: 100		
ARTICLE VI	REGISTERED AGE	NT AND STREET ADDRESS	
THE NAME AND	FLORIDA STREET ADDRESS (P.	O. BOX NOT ACCEPTABLE) OF THE REGISTE	RED AGENT IS:
Marsha L. Swinto	on		
2318 McClellan F	wy		
Sarasota, FL 342	39	· 	
ABOVE STATED	CORPORATION AT THE PLACE PT THE APPOINTMENT AS REC	T AND TO ACCEPT SERVICE OF PROCESS DESIGNATED IN THIS CERTIFICATE, I AND AGREE TO ACT IN	M FAMILIAR THIS
14	1164	la bear	

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Marsha L. Swinton, Name & Title: CEO, CFO & Secretary Address: Address: 15 Paradise Plz, PMB 263 Sarasota, FL 34239 Name & Title: Name & Title: Address: Address: Name & Title: Name & Title: Address: Address: Name & Title: Name & Title: Address: Address: I submit this document and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.F.S. -DocuSigned by: Marsha L. Swinton Signature Avithorized Person