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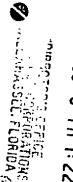
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| Special Instructions to Fi | iling Officer: | |
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FLORIDA RESEARCH & FILING SERVICES, INC.

4044 LONGLEAF CT

TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

SOULS PRODUCTIONS INC.

PLEASE RETURN A CERTIFIED COPY

THANK YOU

CHECK# 9676 FOR: \$78.75

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I NAME The name of the corporat | ion shall be: SOULS PRODUCTION | NS INC. | |
|--|---|-----------------------------------|-----------------------------------|
| | Principal street address | | Mailing address, if different is: |
| ARTICLE III PURPO The purpose for which the | OSE he corporation is organized is: Entertainn | | oductions |
| | | | |
| ARTICLE IV SHARE The number of shares of ARTICLE V INITIA | ES stock is: 10,000 | | |
| | Guillermo Rosas - President | Name and Title | Anahi G. Puenta - Vice President |
| Address | 50 ROCKEFELLER PLAZA, 4TH FLOOR | _ Address: | 50 ROCKEFELLER PLAZA, 4TH FLOOR |
| | NEW YORK, NY 10020 | - | NEW YORK, NY 10020 |
| Name and Title: | Christopher A. Casillas Von Uckermann - Se | - ^{ec} Name and Title | Maite Perroni - Treasurer |
| Address | 50 ROCKEFELLER PLAZA, 4TH FLOOR | _ Address: | 50 ROCKEFELLER PLAZA, 4TH FLOOR |
| | NEW YORK, NY 10020 | - | NEW YORK, NY 10020 |
| Name and Title: | | Name and Title | : |
| Address | | _ Address: | |
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| Name an | d Title: } | Same and Title: | |
|------------------------------------|---|--|---|
| Address | | Address: | |
| | | | |
| | | | |
| | | | _ , |
| | REGISTERED AGENT forida street address (P.O. Box NOT acceptable) of th | e registered agent is: | |
| Name: | REGISTERED AGENT SOLUTIONS, INC. | | |
| Address: | 155 Office Plaza Dr., Suite A | | |
| | Tallahassee, Florida 32301 | | |
| ARTICLE VII | INCORPORATOR | | |
| The name and ac | dress of the Incorporator is: | | |
| Name: | Celeste Rhine | | |
| Address: | P.O. Box 92095 | | |
| | Henderson, NV 89009 | | |
| Note: If the date the document's e | ate is listed, the date must be specific and cannot be inserted in this block does not meet the applicable staffective date on the Department of State's records. | atutory filing requiren | nents, this date will not be listed as bration at the place designated in this |
| certificate. I am j | familiar with und accept the appointment as registered | agent and agree to ac | 1 in this capacity |
| Sand | Required Signature/Registered Agent | nt Secretary | 8/7/2023 Date |
| I submit this document to the | cument and affirm that the facts stated herein are tri Department of State constitutes a third degree felony a | ie. I am aware that to s provided for in s.81 | he fulse information submitted in a 7.155, F.S. |
| Required Signatu | Mine/Incorporator | | Date 8/7/2023 |
| | | | 2023 A. |
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