P95000024758

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



SUBJECT: KARN	1A PRODUCTI	ONS, INC.		
()	Proposed corporate	name - must include suffix		
			1 (3) -04// ****	0001445691 03/9501028003 **78.75 *****78.75
Enclosed is an origina for:	I and one (1) co	py of the articles of i	ncorporation a	and a check
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required	
FROM:	_IKE	McFADDEN		
	Name	(printed or typed)		
	_Zo35 B.	LINTON LAKE	DR.	
	DELRAY BU	EACH FL 3 y, State & Zip	3445	
	(407) 279	-9333		
	Daytime	Telephone number		

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION 95 HAR31 PH 4: 19

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

KARMA PRODUCTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2035 B. LINTON LAKE DR. DELRAY BEACH, FL 33445

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

IKE MCFADDEN 2035 B. LINTON LAKE DR. DELRAY BEACH, FL 33445

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

IKE MCFADDEN 2035 B. LINTON LAKE DR. DELRAY BEACH, FL 33445

The undersigned i	incorporator(s)	has(have) executed	these Articles of Incorp	oration this
22	day of	MARCH	19 <u>95</u> .	
	ip h	Signature		_
 .	 	Signature		_
·		Signature		_

Articles of Incorporation Filing Fee - \$35

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

CERTIFICATE OF DESIGNATION OF 95 MAR31 PM 4: 19 REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is: KARMA PRODUCTIONS, INC.
2.	The name and address of the registered agent and office is:
	IKE MCFADDEN
	(Name)
	ZO3S B. LINTON LAKE DR.
	(P.O. Box or Mail Drop Box NOI acceptable)
	DELRAY BEACH, FL 33445
	(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

3/22/95 (Signature) 3/22/95