19500033113 TRANSMITTAL LETTER

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

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SUBJECT:	MASKES PRODUCTION	DNS, INC.	F≱4 4 4 701, 1°C			
	Proposed corporate	name - must include suffix)				
Enclosed is an original and one (1) copy of the articles of incorporation and a check for :						
\$70.00 Filing Fee	XX \$78.75 Filing Fee & Certificate	\$122.50 \$131.25 Filing Fee Filing Fee, & Certified Copy & Certificate Additional Copy Required				
FROM:	DAVID OF					
	Naine					
2515 NORTH EAST 207 STREET						
		Address				
NORTH MIAMI BEACH, FL 33180 City, State & Zip						
	(305) 93	1-1282	,			
	Daytime ⁻	Telephone number	<u> </u>			

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

ARTICLES OF INCORPORATION

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 | NAME

The name of the corporation shall be:

OHASKSS PRODUCTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

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

2515 N.E. 207 STREET NORTH MIAMI BEACH, FL 33180

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DAVID CHASKES

ARTICLE V INCORPORATOR(S)

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

DAVID CHASKES 2515 NORTH EAST 207 STREET NORTH MIAMI BEACH, FL 33180

Indersigned	incorporator(s)	has(have) execut	ed these Articles of incorpora
20th	day of	APRIL	19.95
	K)	id D. Chole	- 0 m
	Jav	Signature	
		Signature	
		Signature	

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF 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.

. The name of the corporation is:	CHASKES PRODUCTIONS, INC.				
2. The name and address as a					
2. The name and address of the re	gistered agent and office is:				
DAVID CHASKES					
	(Name)				
2515 NORTH LAST 207 STREET					
	Mail Drop Box NOT acceptable)				
NORTH MIAMI	BEACH, FL 33180				
	(City/State/Zip)				
Having been named as registered at above stated corporation at the place the appointment as registered agent to comply with the provisions of all standards of my duties, and I am familian as registered agent.	gent and to accept service of process for the e designated in this certificate, I hereby accept and agree to act in this capacity. I further agree that tatutes relating to the proper and complete perbiar with and accept the obligations of my posi-				
Janual S. Charles (Signature)	04-50-95 = 30 (Date) = 55				