

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

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SUBJECT: DALANCY F			<i>15.</i> A		
(P	roposea corporate	name - must include su	(ffix)		
Enclosed is an original for:	and one (1) cop	by of the articles of i	incorporation ar	nd a check	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	X \$131.25 Filing Fee, Certified Copy & Certificate		
	DOV GAINE GAN	DEDOGN			
FROM:	FROM: ROXANNE ANDERSON Name (printed or typed)				
	832 TWIN LAKES DR.				
	CORAL SPRI				
		ity, State & Zip			
	<u>(305) 755–</u> Daytim	6491 e Telephone number		8 9 1	
·	(.(195-87	:25° d	600007	

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 18, 1995

ROXANNE ANDERSON 832 TWIN LAKES DRIVE CORAL SPRINGS, FL 33071

We have received your document for DALANCY PRODUCTIONS MANAGEMENT INC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must state the number of shares of authorized stock.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6878.

Letter Number: 495A00018051

Terri Buckley Corporate Specialist



April 25, 1995

DALANCY PRODUCTIONS MANAGEMENT INC. 832 TWIN LAKES DRIVE CORAL SPRINGS, FL 33071

We have received your document for DALANCY PRODUCTIONS MANAGEMENT INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The document .nust state the number of shares of authorized stock.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filling of your document, please call (904) 487-6878.

Terri Buckley Corporate Specialist

Letter Number: 295A00019349

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 I NAME

The name of the corporation shall be: DAL'ANCY PRODUCTIONS MANAGEMENT INC.

ARTICLE II PRINCIPAL OFFICE

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

832 TWIN L'AKES DR., CORAL' SPRINGS, FL' 33D71

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:

ROXANNE ANDERSON

ARTICLE V INCORPORATORIS)

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

ROXANNE ANDERSON 832 TWIN L'AKES DR. CORAL SPRINGS, FL 33071

The unde	ersigned in	corporator(s)	has(have) execute	d these Articles of Incorporation	on this
	-23rd	day of	FEBRUARY	, 19 <u>_ 95</u> .	
_	Rajo	mul	Signature	/ <u>#\3/95</u>	
			Signature		
			Signature		

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OF FICE

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: DAL'ANCY PRODUCTIONS MANAGEMENT INC.
<u></u>
The name and address of the registered agent and office is:
ROXANNE ANDERSON
(Nan.e:
832 TWIN L'AKES DRIVE,
(P.O. Box not acceptable)
CORAL SPRINGS, FL 33071
(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.

Enjone Indian (Signature)

(Date)