## P95000058793

TRANSMITTAL LETTER

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

SUBJECT: Sho FNER STudios TING.
(Proposed corporate name - must include suffix)

Enclosed is an original for:  ( ) \$70.00  Filing Fea	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy  Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate	nd a check
FROM	Name	printed or typed)  ST CoLONIA  Address	FNER L DR., Stu	idio A
	ORL AL	do CL.	32801	
	(407) Daytime	649-830 Telephone number	00	

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SHARON L. TALA JUL 3 1 1395

NOTE: Please provide the original and one copy 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 I NAME

The name of the corporation shall be:

ShoFNER Studzos, INC.

ARTICLE II PRINCIPAL OFFICE

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

110 WEST COLONIAL DR. 544dIOA ORVANDO, FL. 32801

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:

JOSEPH W. SHOFNER 110 WEST COLONZAL DR. Studio A ORLANDO, FL. 32801

## INCORPORATOR(S) ARTICLE V

See instructions for officers/directors

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

JOSEPH W. ShoFNER TEART L. ShoFNER 110 WEST COLONIAL DR Studio A ORLANDO, FL. 32801

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this . 19.**95** 2.3th day of \_\_\_\_\_\_ Signature Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	Shofner Stydius, INC.		
		<del>- 10. 9</del>	
2. The name and address of the re	28 年		
Josep	H W. ShoFALER		
TIOME	STCOLONIAL DR Studio A BOX OF MAIL DROP BOX NOT ACCEPTABLE)		
ORLA	udo, CL. 32801		

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.

Joseph W. July 25-95 (SIGNATURE) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314