P95000068823

TRANSMITTAL LETTER

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

SUBJECT: EIN CHONEN Entendement Ventures . 1-1mg (proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$_______.

FROM.

PARKIA P VANHURA)

Name (printed or typed)

LUOI TO SUCOLA POLICIA

VENCACIA (TIMESSES)

City, State, & Zip

Telephone Number

SUMMINS 77435 -05/35--0106--015 ++++122.50 ++++122.50

Note: Please provide the original and one copy of the Articles.

COSER-5 AMO: 41

ARTICLES OF INCORPORATION

OF

Big Cypress Cutertainment Ventures That

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

ARTICLE I NAME

The name of the corporation shall be:

F. of Cippings Ententaumment Lentunes, I amo

ARTICLE IL PRINCIPAL OFFICE

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

The Establish of the

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: +1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Panicia-Flam Horns
Tick I D Panicia da Folud
Panicia Cla III = 73534

ARTICLE V INCORPORATOR(S)

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

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Derinage: The 3923A recretion A recretion of the months of the secretion of the many of the many of the months of the many of the many of the months of the many o
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
Signature Signature Signature

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: Pagarage (140) 100 100 100 100 100 100 100 100 100 1					
	Lentunes, Unic					
2	The name and address of the registered agent and office is:					
	Patricia P Var Hous					
	(NAME)					
	Escor 10 Penancia toluid.					
	(P.O. POX NOT ACCEPTABLE)					
10000000 11 53534						
	(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.

SIGNATURE TOTALLE	到	bin	Har
DATE 9-1-95	ÄHAS		22 TO 10 TO
	SEE, FL	100	
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