

P96000010627
TRANSMITTAL LETTER

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

500001705325
-02/02/96--01063--007
*****70.00 *****70.00

SUBJECT: _____
(Proposed corporate name - must include suffix)

RECEIVED
96 FEB -2 PM 1:22
DIVISION OF CORPORATIONS

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

Amanda Jarmon

Name (printed or typed)

Rte. 2 Box 584

Address

Havana, Florida 32333

City, State & Zip

904-671-6445

Daytime Telephone number

RECEIVED
TALLAHASSEE, FLORIDA

96 FEB -2 PM 1:30

FILED

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

2-2-96

ARTICLES OF INCORPORATION

FILED
96 FEB -2 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

ILLUSIONS Production, Corp

ARTICLE II PRINCIPAL OFFICE

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

Rte. 2 Box 584

Havana, Florida 32333

ARTICLE III SHARES

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

1

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

David Washington

Rt 2 Box 584

Havana, FL 32333

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Amanda Jarmon, Rte. 2 Box 584, Havana, Florida 32333
David Washington, Rt 2 Box 584, Havana, FL 32333

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2 day of February, 19 96.

Amanda Jarmon
Signature

David Washington
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 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:

Illusions Productions Corp.
(must include suffix)

2. The name and address of the registered agent and office is:


David Washington
(NAME)

Rt 2 Box 584
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Havana, FL 32333
(CITY/STATE/ZIP)

FILED
96 FEB -2 PM 1:30
TALLAHASSEE, FLORIDA

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)

2-2-96
(DATE)