

# Florida

Requestor's Name

5623 Oleander Ave

Address

Ft. Pierce, FL 34982

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

False Projections Inc.

(Corporation Name)

(Document #)

2. \_\_\_\_\_ (Corporation Name) (Document #) 8000002036908--0  
-12/24/96-01084-017  
3. \_\_\_\_\_ (Corporation Name) (Document #) \*\*\*\*122.50 \*\*\*\*122.50  
4. \_\_\_\_\_ (Corporation Name) (Document #)

Walk in  Pick up time \_\_\_\_\_

Certified Copy

Mail out  Will wait  Photocopy

Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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13/30

TRANSMITTAL LETTER

FROM:

Name of corporation: Pulse Productions Inc.

Street address of the corporation

5623 Oleander Ave  
Ft. Pierce, FL 34982

DEAR CORPORATIONS DIVISION:

Please find enclosed:

1. An original Articles of Incorporation and one copy for the above named corporation.
2. A certified check or money order in the amount of \$ 122.50 for filing fees.

A certified copy  is  is not requested.

If a certified copy is requested, the additional fee in the amount of \$ \_\_\_\_\_ is enclosed.

Please send responses or receipts concerning this filing to the above address.

Thank you very much.

Date: 12-16-96

Name of Incorporator: Lee Turmail

Signature of Incorporator:



ARTICLES OF INCORPORATION  
of

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned incorporator submits these articles of incorporation for the purpose of forming a for-profit corporation.

Article 1. The name of the Corporation is: Pulse Productions Inc.

Article 2. The principal place of business and mailing address of this corporation is:

5623 Oleander Ave  
Ft. Pierce, FL 34982

Article 3. The corporation is authorized to issue one class of stock, that being 1,000 shares of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

Article 4. The name and address of the corporation's initial registered agent is:

Lee Turmail  
5623 Oleander Ave  
Ft. Pierce, FL 34982

Article 5. The name and street address of the incorporator of this corporation is:

Lee Turmail  
5623 Oleander Ave  
Ft. Pierce, FL 34982

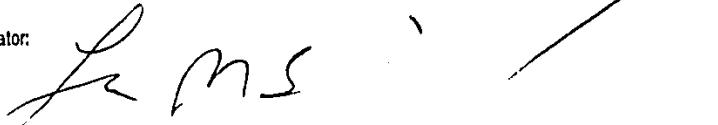
Article 6. No Director shall be held liable to the corporation or its shareholders for monetary damages due to a breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct, or illegal actions.

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below. The undersigned incorporator hereby declares, under penalty of perjury, that the statements made in the forgoing Articles of Incorporation are true, and that the incorporator is at least eighteen years of age.

Date: 12-16-96

Name of Incorporator: Lee Turmail

Signature of Incorporator:



**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED OFFICE AND REGISTERED AGENT**

Pursuant to section 607.0501 of The Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

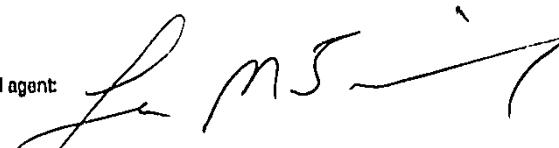
1. The name and address of the corporation's registered agent and registered office is:

Name Lee Turmail

Street address 5623 oleander Ave  
Ft. Pierce, FL 34982

Having been named as the 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 of registered agent:



Date of signature:

12-16-96

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ATTORNEY OF STATE  
TALLAHASSEE FLORIDA