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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

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-03/03/97--01047--001
****122.50 ****122.50

SUBJECT: _____ THE TV CAFE, INC. _____

Enclosed is our original and one (1) copy of the Articles of Incorporation and our check
for _____ \$122.50 _____.

FROM: _____ DAVID J. MURRAY LYONS _____

_____ 2203 LAKE DEBRA DR #123 _____

_____ ORLANDO, FLORIDA 32835 _____

_____ (407) 292-0407 _____

David Lyons
RECEIVED BY PHONE 10
VILL
[Signature]

PH
3/11/97

**ARTICLES OF INCORPORATION
OF**

____THE TV CAFE, INC.____

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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 TV CAFE, INC."

ARTICLE II PRINCIPLE OFFICES

2203 Lake Debra Dr. #123
Orlando, Fl. 32835

ARTICLE III DURATION

The period of its duration is perpetual.

ARTICLE IV PURPOSE

The purpose of this corporation is to engage in activities or business permitted under the laws of the United States of America and the State of Florida. The purpose of the corporation shall not be limited, and nothing therein shall be deemed as prohibiting the corporation from extending its activities to any related or otherwise permissible lawful business purpose which may become necessary, profitable or desirable for the furtherance of the corporation objectives.

ARTICLE V SHARES OF COMMON STOCK

The corporation is authorized to issue one hundred (100) shares of stock at \$10 per share.

ARTICLE VI INITIAL REGISTER AGENT & ADDRESS

David J. Murray Lyons
2203 Lake Debra Dr #123
Orlando, Florida 32835

ARTICLE VII MANNER OF ELECTION OF OFFICERS & DIRECTORS

Election shall be by plurality of the votes cast by the shares entitled to vote in the election at a meeting at which a quorum is present.

OFFICERS President David J. Murray Lyons

ARTICLE VIII INCORPORATORS

David J. Murray Lyons SS# 591-17-3343
2203 Lake Debra Drive
Orlando, FL 32835

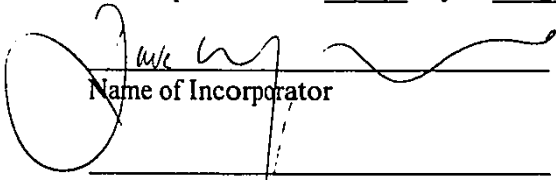
ARTICLE IX AMENDMENT OF ARTICLES

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

ARTICLE X INDEMNIFICATION

This corporation may be empowered to indemnify any officer or director or any former officer or director in the manner set out and provided for in the laws of this corporation and pursuant to Section 607.014, Florida Statutes, as amended.

IN WITNESS WHEREOF, the undersigned Incorporator(s) has executed these Articles of Incorporation this 27 day of February, 19 97.



Name of Incorporator

Name of Incorporator

STATE OF FLORIDA

COUNTY OF Osceola

The foregoing instrument was acknowledged before me this 27 day of February, 19 97 by DAVID J. Murray Lyons, who is ☒ personally known to me, or () ~~who produced~~ _____ as identification and who acknowledged before me that he/they executed this instrument.



Notary Public State of Florida

SEAL



ROBERT D. MUSCHEL
My Comm Exp. 12/19/99
Bonded By Service Ins
No. CC514698

☒ Personally Known ☐ Other I D

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT & OFFICE**

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 Agent and Office, in the State of Florida.

1. The name of the corporation is: THE TV CAFE, INC

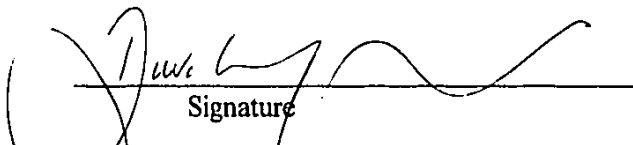
2. The name and address of the Registered Agent and Office is:

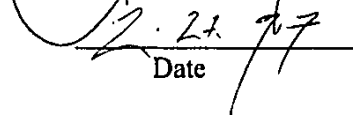
DAVID J. MURRAY LYONS

2203 LAKE DEBRA DRIVE

ORLANDO, FLORIDA 32835

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE OF DESIGNATION 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


Date