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FILED

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

97 JUN 10 AM 10: 11

SECK-17 1 DE STATE
TALLAHALLE CEORDA

SUBJECT: SMC	Froductions Inc. (Proposed co	rporate name - must includ	le suffix)	
			200002201 -06/10/97- *****78.75	79725 -01089009 5 ******78.75
Enclosed is an original a	nd one(1) copy of the articles	of incorporation and a	check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate DPY REQUIRED	
FROM:	Sean McLeroy Name (Printed or typed) 6191 Orange Dr. Suite 6165 H Address			
_		314 State & Zip		
_	(954) 797-6327			

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ART 1 / 255

ARTICLE I NAME

The name of the corporation shall be:

SMG I roductions . Inc.

ARTICLE II PRINCIPAL OFFICE

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

6191 Orange Drive , Suite 6165 H , Davie , FL 33314

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 Florida street address of the initial registered agent are:

R. Fhilip McLeroy 6191 Orange Dr. Suite 6165 H Davie , FL 33314

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Sean McLeroy

6191 Orange Dr. , Suite 6165 H

*f*bavie , FL 33314

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date