(SAMPLE LETTER OF TRANSMITTAL)

P98000050428

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

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				-06/03/980	11062017
		Λ	01-	****122.50	****122.50
Re: _	<u> </u>	MONTY	Productions	Inc, Inc.	- —
		(Nante) c	of Corporation)		

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

AHASSET UN AND THE STATE OF THE STATE

Full Monty Productions Inc
(Name of Consoration)

F. CHESSER JUN 5 1998

MAILING ADDRESS OF CORPORATION								
MAILING ADDRESS OF CORPORATION								
1063 Wiles Rd STE 302								
1002 00(162 1/61 216 204								
Cosal Springs, Fl 33076								
1 0								
\								
PHONE —								
(954) 340 - 0550 D/A Area Code Number Ext.								
Area Code Number Ext.								

ARTICLES OF INCORPORATION

of

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have(ither increased or diminished from time to time by the By-Lav iddresses of the initial director(s) of the corporation are as follows:	ws, but shall ne	-	number of directors may be need in the names and
NAME TOM Meister			
ADDRESS 3971 NW 108 Ave.		·	
CITY Cosal Springs	STATE	FI	ZIP 33065
NAME Colleen MeisTer			
ADDRESS 3971 NW 108 Aue			
CITY Coral Springs	STATE	FI	ZIP 33065
NAME Jeff STraw			
ADDRESS 1106 NORTH Palmway			
CITY Lake Worth	STATE	FI	ZIP 33 460
ARTICLE VIII -	INCORPORA	TORS	
The names and addresses of the incorporators signing these Ar	ticles of Incorp	oration are as foll	lows:
NAME Tom Meister		•	
ADDRESS 3971 NW 108 Ave			
CITY Local Springs	STATE	Fl	ZIP 33065
NAME Colleen Meister			
ADDRESS 3971 NW 108 Ave			·
CITY Coral Springs	STATE	F	ZIP 33065
NAME Jeff STraw			
ADDRESS 1106 North Palmway			
CITY Lake Worth	STATE	Fl	ZIP 33065
The undersigned incorporator(s) have executed these Arti	icles of Incorp	oration this	2914
lay of May	, 19 <u>98</u>	<u>.</u>	- - <u>-</u>
5	0	100	
		40	(Signature)
	1.11		
	COUL	ex //fle	(Signature)
	who	$\mathcal{L}_{\mathcal{A}}$	(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, organized under the laws of the State of Florida with its register as indicated in the Articles of Incorporation at 3971 Nw 108 Ave Cocal Sprivas, Fl 33.065 has named Tow Meister located at the aforesaid address, as its registered agent to accept service of process state.	ed office 98 JUN - 3:is in) T====================================

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.