TRANSMITTAL LETTER

P98000092332

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

•			00002676 -10/30/980: *****87.50	1021	9—— 7. -002 *87.50		
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	Filing Fee, Certified Copy & Certificate				
		ADDITIONAL CO	PY REQUIRED				
FROM: ROBERT O. CHARLES 25 7 7 Name (Printed or typed) 1819 S. GADS DEN STREET 27 7 7							
1819 S. GADS DEN STREET TO THE Address							
TAUAHASSET, FL. 32301 SE ST. City, State & Zip							
-	850.224	elephone number	98 OCT 30 AM 9: SECRETARY OF SECTAL AHASSEF, FJ EU 7	FILED			

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for th	e purpose of forming a corp	oration under the Florida
Business Corporation Act, hereby ad		

ARTICLE I NAME

The name of the corporation shall be:

STUDIOS, 140.

ARTICLE II PRINCIPAL OFFICE

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

1919 SOUTH GADSDEN

SUITE C

TAUAHASSET, FLORIDA 37301-5556

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

SHAPE

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ROBERT O, CHAPLES

1819 SOUTH GADSDEN STREET . 501TEC

TAWAHASSES, FLOPIDA

ARTICLE V INCORPORATOR

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

ROBERT O. CHARLES

1819 S. GADSDEN STPEET, SUITE

32701-5556

Signature/Incorporator

ootebar 30,1993

(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 agregistered agent

Signature/Registered Agent