## P98000096928

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

100002687921--2 -11/16/98--01047--008 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT: FOXX-RAVNDA (Proposed corpor	L PRODUCTION rate name - must include suff	IS, INC.
Enclosed is an original and one(1) copy of the article  \$70.00 \$78.75  Filing Fee & Certificate of Status	es of incorporation and a  \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
FROM: MELISSA FOX)	ADDITIONAL CO	Status PPY REQUIRED
236 PLAZA O	VAL Address FL 32707	98 NOI SECRE
·	State & Zip	OV 16 AM 8:23 ETARY OF STATE ASSEE, FLORIDA
Pmc 18,98		4 . 3

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

## FILED

## ARTICLES OF INCORPORATION

98 NOV 16 AM 8: 23

The undersigned incorporator, for the purpose of forming a corporation under the Florida TALLAHASSEE. FLORIDA

Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

FOXX-RAYNDAL PRODUCTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

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

236 PLAZA OUAL CASSELBERRY, FL 32707

ARTICLE III SHARES

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

1000 (CONE THOUSAND)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

236 PLAZA OUAL

CASSELBERRY, FL 32707

ARTICLE V INCORPORATOR

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

MELISSA FOXX

236 PLAZA OUAL

CASSELBERRY, FL 32707

Meliosa Hoxx

Signature/Incorporator

10 27 98 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