

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

300002731918--7--01/06/99--01054--014 \*\*\*\*\*\*87.50 \*\*\*\*\*\*87.50...

SUBJECT: _	Sindrome	Productions, Inc	•			
(Proposed corporate name - must include suffix)						
Enclosed is an o	riginal and one(1) copy of	the articles of incorporation a	nd a check for :	<b>-</b>		
☐ \$70.0 Filing Fe	00 🗖 \$78.75	□\$78.75 Filing Fee	\$87.50 Filing Fee,			
		ADDITIONAL	COPY REQUIRED	99		
FF	ROM: ROBERT	Name (Printed or typed)	CRETARY OF ST ANASSEE, FLO	FILED JAN-6 AM 8:55		
		Address	72 A	ណ្ដី e		
	MIAMI, F	City, State & Zip				
	(305)	) 643 - 86 06  Daytime Telephone number				
		► Hall J <b>W</b> N	-619			

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

## 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.		FILI	ΞD	
ARTICLE I NAME	99	JAN -6	am s	3: 55
The name of the corporation shall be:				
SINDROHE PRODUCTIONS, INC.	SE( TAL	CRETARY LAHASSE	OF ST E, FLC	ATE )RIDA
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:				
MIANI FL 33125				
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding	g at an	y one tim	e is:	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADD	RES	S		
The name and Florida street address of the initial registered agent are:				
ROBERT Y. MORALES			•	
3522 NW 66T				
MIAMI, FL 33125	•			= =
ARTICLE V INCORPORATOR				
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:				=
ROBERT MORALES				
3522 NW 6ST			•	-
MIAMI, FL 33125			=	
Mall 12/31	19	8		
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 comp	lete performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent	
flotell	12/31/98
Signature/Registered Agent	Date