Division of Corporations

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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 : (305)599-0839 Phone Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

STARTECH PRODUCTIONS INC.

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$78.75	

ARTICLES OF INCORPORATION OF

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STARTEGIE PRODUCTIONS (NG.
ARTICLE I NAME
The name of the corporation shall be:
STARTECH PRODUCTIONS INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:
3209 SO LAKEVIEW CIRCLE # 206
FORT PIERCE, PLOREDA 34949

ARTICLE III CAPITAL STOCK

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

500 (FIVE HUNDRED)

PREPARED BY: TRIPLE CHECK INCOME TAX SERVICE 2506 DELAWARE AVE FORT PIERCE PLORIDA 34947 Phone#(561)-461-5987

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS
The name and address of the initial registered agent is:
THEM! CHUMLEY
3209 SO LAKEVIEW CIRCLE # 206
FORT PIERCE FLORIDA 34949
•
ARTICLE V INCORPORATOR
The name and street address of the incorporator to these
Articles of Incorporation is:
THEM CHUMLEY
3209 SO LAKEVIEW CIRCLE # 206
FORT PIERCE FLORIDA 34949
The undersigned has executed these Articles of
The undersigned has executed these Articles of
Incorporation this day of MAY 1999.
The Chiley
THEMI CHUMLEY , Incorporator

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

STARTECH PRODUCTIONS INC.	
The name and address of the registered agent	and
THEM! CHUMLEY	
3209 SO LAKEVIEW CIRCLE # 206	· ·
FORT PIERCE, FLORIDA 34949	<u> </u>
Signature: The Chiles	
Title:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Date: 5-14-99	# 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACC SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION A PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN T CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISI 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 A	T THE THE THIS ONS
Signature: The Charley	

Date: