

TRANSMITTAL LETTER

PP9000071543

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

SUBJECT: Positive Productions, Inc.  
(Proposed corporate name - must include suffix)

400002951324--5  
-08/05/99-01051--015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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 of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Noel D. Pease  
Name (Printed or typed)

1401 Julie Lagoon  
Address

Lutz, FL 33549  
City, State & Zip

(813) 949-2276  
Daytime Telephone number

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.

### ARTICLE I NAME

The name of the corporation shall be:

Positive Productions, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

1401 Julie Lagoon  
Lutz, FL 33549

### ARTICLE III SHARES

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

1,000,000 one million

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Kelly Hamilton  
1710 Spring Creek Dr.  
Sarasota, FL 34239-5047

### ARTICLE V INCORPORATOR

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

Noel Pease  
1401 Julie Lagoon  
Lutz, FL 33549

  
Signature/Incorporator

1 August 1999  
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

8-1-99  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 AUG -5 PM 6:40

FILED