

P99000074162
Transmittal Letter

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

Subject: Southpaw Studios, Inc.

Enclosed, is an original and one (1) copy of the Articles of Incorporation and a check for:

\$78.75

Filing Fee, Uncertified Certificate Requested

Doug Neeld
Name

3600 Midiron Dr.
Address

Winter Park, FL 32789
City, State, Zip

407-896-1052
Daytime Phone

900002959169--1
-08/13/99-01058-009
*****78.75 *****78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TS 8/19/99

Articles of Incorporation

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

Article I ~ Name
Southpaw Studios, Inc.

Article II ~ Principal Office
3600 Midiron Dr.
Winter Park, FL 32789

Article III ~ Shares
100

Article IV ~ Initial Registered Agent and Street Address
Doug Neeld
3600 Midiron Dr.
Winter Park, FL 32789

Article V ~ Incorporator
Doug Neeld
3600 Midiron Dr.
Winter Park, FL 32789

The undersigned incorporator have executed these Articles of Incorporation this
6th Day of August, 1999



Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Certificate of Designation of Registered Agent/Registered Office

Pursuant to the provision 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.

The Name of the Corporation:

Southpaw Studios, Inc.

The name and address of the registered agent and office:

Doug Neeld
3600 Midiron Dr.
Winter Park, FL 32789

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 provision 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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