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99 NOV 12 AM 10: 47 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

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SUBJECT:	(Proposed corporate name - must include suffix)		
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	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	ROM: Concert, Esq Name (Printed or typed)		
15911 Ellsworth Dr. Address			
Templey City, State & Zip			
Daytime Telephone number			

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

PH 11/15/89

ARTICLES OF INCORPORATION

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Flor Halines AM 10: 47 Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Screwball Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 18005 Allison Park Place #311
Tampa, Florida 33647

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

18005 Allison Park Place #311 Tampa, Florida 33647

ARTICLE V INCORPORATOR

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

18005 Allison Park Place #311 Tampa, Florida 33647

11/4/99

Signature/Incorporator

Date

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