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LAZARUS CORPORATE FILING SERVICE, INC.

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(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

500003066675--9

-12/10/99--01038--017

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. DEMA INTERNATIONAL CORPORATION  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
99 DEC 14 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RECEIVED  
99 DEC 10 AM 11:31  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

December 10, 1999

LAZARUS

MIAMI, FL

SUBJECT: DEMA INTERNATIONAL CORPORATION  
Ref. Number: W99000028265

We have received your document for DEMA INTERNATIONAL CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Teresa Brown  
Corporate Specialist

Letter Number: 599A00058294

RECEIVED  
99 DEC 14 PM 3:08  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION

The undersigned incorporator(s), 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 : DEMA PRODUCTIONS CORPORATION

## ARTICLE II PRINCIPAL OFFICE

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

6271 Lake Geneva Road  
Miami Lakes Fl 33014

## ARTICLE III SHARES

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

Ten shares at \$100.00 par value

## ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida address of the initial registered agent is :

Dionisio Arboleda  
6271 Lake Geneva Rd  
Miami Lakes Fl 33014

## ARTICLE V INCORPORATOR(S)

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

Dionisio Arboleda  
6271 Lake Geneva Rd  
Miami Lakes Fl 33014

X Dionisio Arboleda  
Signature / Incorporator

12/8/99  
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.

X Dionisio Arboleda  
Signature / Registered Agent

12/8/99  
Date

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TALLAHASSEE FLORIDA