

P15000041365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

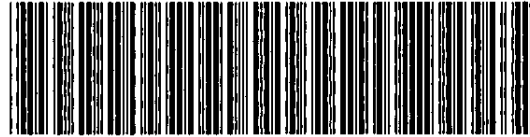
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAY -4 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

VH

COVER LETTER

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

SUBJECT: Spike vision entertainment incorporated
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Jamale eugene Small
Name (Printed or typed)

4638 Nelmar place
Address

Jacksonville florida 32206
City, State & Zip

(904) 535 9504
Daytime Telephone number

Jamale Small 305@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Spike vision entertainment Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address
4638 nelmar place Jax fl 32206

Mailing address, if different is:

← Same as principal

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Spike vision's purpose
is to record ~~at~~ music and videos for underground
music artists, we also want to distribute our
product to major music labels.

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ARTICLE IV SHARES

The number of shares of stock is (5) five

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Bruce Hansen</u>	Name and Title:	<u>emanuel brown Jr.</u>
Address	<u>665 longbranch blvd</u> <u>Jacksonville fl 32206</u>	Address:	<u>1944 North laura st</u> <u>Apartment #1</u> <u>Jacksonville fl, 32206</u>

Name and Title:	<u>gregory wallace Jr.</u>	Name and Title:	<u>Michael Kaman</u>
Address	<u>3154 Nain Rd.</u> <u>Jacksonville fl 32207</u>	Address:	<u>5327 Timuquana Rd.</u> <u>Apt #178 T</u>

Name and Title:	XXXXXXXXXXXXXXXXXXXX	Name and Title:	<u>Duwan ro william mccray</u>
Address	XXXXXXXXXXXXXXXXXXXX	Address:	<u>4638 nelmar place</u> <u>Jacksonville fl 32206</u>

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AND
FILED

Name and Title: ~~XXXXXXXXXX~~

Name and Title: 15 MAY -4 PM 1:49

Address: _____

Address: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Chiquita Williams

Address: 1944 North Laura St
Apartment #1 Jacksonville FL 32206

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jamale Small

Address: 4638 Nelmar Place
Jacksonville, Florida 32206

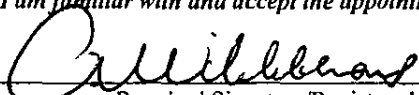
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: April 20, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

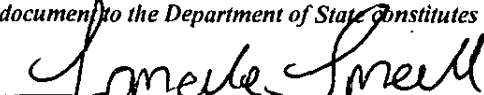
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

4.20.2015
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

April 20 2015
Date