P16000099963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIT

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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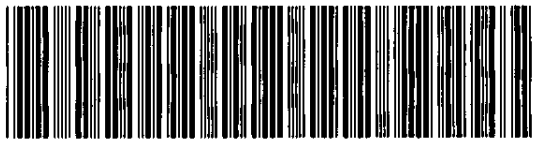
T. SCOTT



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16 DEC 21 PM 1:20

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COVER LETTER

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

SUBJECT: Matchone Productions, INC
(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: Maurice Bates
Name (Printed or typed)

2206 Holton St
Address

Tallahassee FL 32310
City, State & Zip

850 692-15-73
Daytime Telephone number

Matchone productions@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: Matchone Productions, INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
2206 Holt St
Tallahassee FL 32310

Mailing address, if different is:
same as

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any Lawful business

ARTICLE IV SHARES
The number of shares of stock is: 105

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: CEO Maurice Bates Name and Title: _____

Address 2206 Holt St Address: _____
Tallahassee FL 32310

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: Maurice Bates

Address: 2206 Holtzclaw St
Tallahassee FL

ARTICLE VII INCORPORATOR

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

Name: Maurice Bates

Address: 2206 Holtzclaw St
Tallahassee FL 32310

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Jan 1, 2017 (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

_____ 12-21-16
Required Signature/Registered Agent 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.

_____ 12/21/16
Required Signature/Incorporator Date