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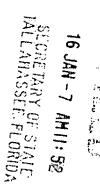
(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2015

GWEN ABEL 20412 TIARA ST WOODLAND HILLS, CA 91367

SUBJECT: OFF COURSE PRODUCTIONS, INCORPORATED

Ref. Number: W15000080770

We have received your document for OFF COURSE PRODUCTIONS, INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

Please return the corrected 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) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 015A00026361

COVER LETTER

TO:						
	Division of Cor	•				
CHRI	Off Cours	e Productions, Inc				
3000		Name of corp	oration -	nust include suffix		
5		•				
Dear S	Sir or Madam:					
"Certi	ficate of Existence	ion by Foreign Corporati e," or "Certificate of Goo n corporation to transact	od Standi	ng" and check are sub		
Please Gwen		ondence concerning this	matter to	the following:		
	 	Na	me of Pe	rson		
Off Co	ourse Productions, In	nc				
		Fin	n/Compa	ny		
20412	Tiara St		•			
			Address			
Woodl	and Hills, CA 9136	7				
		City/	State and	Zip code		
gwen.a	ibel@gmail.com					
		E-mail address: (to bo	used for	future annual report	notification)	
For fu	rther information	concerning this matter, p	lease cal	:		
Gwen Abel		310	310 999-9767			
	Name of Person	at (D = 41	1	
	Name of Person	n Are	ea Code	Daytime Telep	none Number	
		RIER ADDRESS:		MAILING A		
Registration Section			Registration Section			
Division of Corporations Clifton Building			Division of Corporations P.O. Box 6327			
	2661 Executive Tallahassee, FL	Center Circle				
Enclos	sed is a check for	the following amount:				
3 \$70	0.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Statu		78.75 Filing Fee & Certified Copy	Sand \$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Off Course Productions INC 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business California 27-1792589 (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 20412 Tiara St Woodland Hills, CA 91367 (Principal office address) 141 Drennen Road, Orlando, FL 32806 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Gwen Abel Name: 141 Drennen Road Office Address: Orlando (City) (Zip code) 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Director: Address: **B. OFFICERS** (a)S Address: Vice President: Address: _ Secretary: _ Address: abovNOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, E.S. 13. _

(Typed or printed name and capacity of person signing application)

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

OFF COURSE PRODUCTIONS INC.

FILE NUMBER:

C3269668

FORMATION-DATE:

-01-/05/2010

TYPE:

DOMESTIC CORPORATION

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

16 JAN -7 AM II: 52 SECRETARY OF STATES TALLAHASSEE, FLORIDA

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 07, 2015.

ALEX PADILLA Secretary of State