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TO: Registration Section **Division of Corporations**

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SUBJECT: ____ One-Eighty Films. Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

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The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Thad Smith				_				
		Name o	of Perse	ən		-		
One-Eighty Films, Inc.								
		Firm/Co	ompany	,		-		
33548 SW Edward Lane	Suite 110							
		Ade	dress			-		
Scappoose, OR 97056								
		City/State	and Z	ip code		 :-::::	26	
cfiser@xfactoradvertisin;	g.com						21 (
	E-mail addre:	is: (to be used	d for fu	ture annual report	notification)	- 17. 	130	• •
For further information	concerning this	natter, please	e call:				2021 007 21	د د م السمي - -
Camille Fiser		at (<u>ر</u> 2	35-6249 x 2118		•	E	;"ì
Name of Perso	n	Area Co	/	Daytime Telep	hone Number		3: 22	*
Registration Sc Division of Co The Centre of '	rporations Fallahassee se Street, Suite 81			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	fection orporations 7			
Enclosed is a check for Please make check payab \$70.00 Filing Fee	the following am le to: FLORIDA D \$78.75 Filin Certificate	EPARTMEN 1g Fee &	🗆 \$78	STATE .75 Filing Fee & tified Copy	S87.50 Filing Fee, Certificate of Status Certified Copy	å		

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.

One-Eighty	Films,	Inc 🖡
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(Enter name of corporation; must include "INCORPORATED," "COMPANY." "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.")

	ent's acceptance:	of process for the above stated corporation at the	\sim
	(City)	(Zip code)	
	St. Petersburg	Florida	
Office Address:	7901 4th St N STE 300		
Name:	Registered Agents Inc.	_	
8. Name and <u>stree</u>	et address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	2821
	(Current mailing a	address, if different)	
	gane as above		
7_33542	Edward Larx Sui (Principal office	ite 110 Scapporte, DR 97 street address)	<u>:054</u>
<u> </u>	(SEE SECTIONS 607.1501 & 607.1502	2. F.S., to determine penalty liability)	
5	(Date first transacted business in F	lorida if prior to substration)	-
(Date	of incorporation)	(Date of duration, if other than perpetual)	•
4. 5/31/2000			
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)	-
Oregon	91	3-1295620	

Bee Have	Registered Agents Inc. Bill Havre - Assistant Secretar	
(Registered agen	t's signature)	

and I am familiar with and accept the obligations of my position as registered agent.

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A: DIRECTORS	\cdot \cdot \cdot \cdot \cdot		
□Chairman	Thad Smith Name:	□Chairman	Lynn Perry-Smith Name:
⊡Vice Chairman	Address:	□Vice Chairman	Address:
Director	Suite 110	Director	Suite 110
President	Scappoose, OR 97056	□President	Scappoose, OR 97056
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	Treasurer
Other	[]Other	□Other	Other
□Chairman	Name:	Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
DPresident		□President	
□Vice President		□Vice President	
□Secretary	Treasurer	Secretary	Treasurer
Other	[]Other	DOther	[]Other
□Chairman	Name:	□Chairman	Name: Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
□President		□President	22
□Vice President		□Vice President	
Secretary	Treasurer		Treasurer
Other	Other	DOther	Other

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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, F.S.

13. Thad Smith, President

12.

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

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

Certificate of Existence 338P751P9

I. SHEMIA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State. do hereby certify:

ONE-EIGHTY FILMS, INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

SHEMIA FAGAN, SECRETARY OF STATE 9/10/2021



September 30, 2021

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THAD SMITH ONE-EIGHTY FILMS, INC. 33548 SW EDWARD LANE SUITE 110 SCAPPOOSE, OR 97056

SUBJECT: ONE-EIGHTY FILMS, INC. Ref. Number: W21000130951

We have received your document for ONE-EIGHTY FILMS, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 421A00023723