

N1000007404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

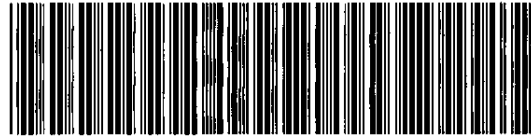
Special Instructions to Filing Officer:

Danielle Williams **WAVE**
AUTHORIZATION BY PHONE TO
name of incorporator/rt
CORRECT Daniel Danielle Williams
goes by middle name

DATE _____

DOC. EXAM. CS

Office Use Only



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08/04/10--01028--007 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG -4 PM 1:21

APPROVED
AND
FILED

Ps 8/6/10

COVER LETTER

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

SUBJECT: Immeasurable Productions Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Ouida D. Williams
Name (Printed or typed)

1700 Georgia Ave.
Address

W.P.B., FL 33401
City, State & Zip

561-727-6891
Daytime Telephone number

ouida22@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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:
Immeasurable Productions Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
1700 Georgia Ave. WPB FL 33401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of Immeasurable Productions is to provide a channel where artists of all ages (children-adults), without regard to disability, learn, grow, educate audiences, and are educated themselves through cultural arts.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The directors are appointed through an in-depth look at integrity, character, and overall experience, contribution and background in the arts.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Ouida D. Williams 1700 Georgia Ave. WPB, FL 33401- President
Bethany Ortega 1700 Georgia Ave. WPB, FL 33401- Vice President
Lloyd Anderson 85 Caroline Dr. WPB, FL 33413- Secretary
O. Patricia Thompson 5350 PB Canal Rd. WPB, FL 33415- Treasurer

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

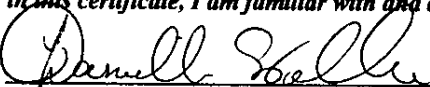
Ouida D. Williams
1700 Georgia Ave. WPB, FL 33401

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

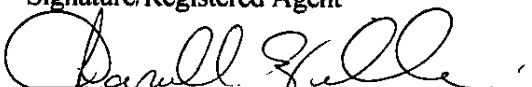
Ouida D. Williams
1700 Georgia Ave. WPB, FL 33401

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.



Signature/Registered Agent

8/1/10
Date



Signature/Incorporator

8/1/10
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG -4 PM 1:21

APPROVED
AND
FILED