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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

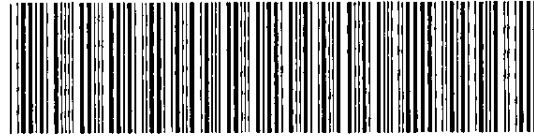
(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

JAN 03 2011
Shivers

COVER LETTER

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

SUBJECT: Quiet Storms Production, 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: Lisa Jean Berry
Name (Printed or typed)

7400 Stirling Road, Apt. 327
Address

Davie, Florida 33314
City, State & Zip

954-643-9252
7400 Stirling Road, Apt. 327 Telephone number

liberry07@yahoo.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Quiet Storms Production Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
7400 Stirling Road, Apt. 327 _____
Davie, Florida 33314 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
The focus of Quiet Storms Production is educate from the youngest of age to the oldest by portraying real life issues that impact people from all walks of life and to pay tribute to the African American culture and history.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
Appointed annually by the Executive Director and ratified by the board of directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Lisa Jean Berry, CEO/Chair/Director</u>	Name and Title: <u>Nyoka Thomas, Secretary</u>
Address: <u>7400 Stirling Road, Apt. 327</u>	Address: <u>2901 Douglas Road</u>
_____	_____
_____	_____
Name and Title: <u>Marquis Reed, 1st Vice Chair</u>	Name and Title: <u>Lisa Jean Berry, Treasurer</u>
Address: <u>6467 Gina Agha Circle</u>	Address: <u>7400 Stirling Road, Apt. 327</u>
<u>Lithonia, Georgia 30038</u>	<u>Davie, Florida 33314</u>
_____	_____
_____	_____
Name and Title: <u>Jerome Toe, 2nd Vice Chair</u>	Name and Title: _____
Address: <u>7400 Stirling Road, Apt. 327</u>	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Lisa Jean Berry
Address: 7400 Stirling Road, Apt. 327
Davie, Florida 33314

ARTICLE VII INCORPORATOR *Lisa Jean Berry*
The name and address of the Incorporator is:
Name: 7400 Stirling Road, Apt. 327
Address: Davie, Florida 33314

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TALLAHASSEE, FLORIDA

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

Lisa Jean Berry 12-31-10
Required Signature of Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Lisa Jean Berry 12-31-10
Required Signature of Incorporator Date