

N11000008733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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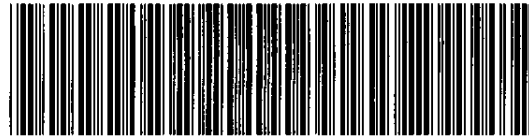
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/10/2011

COVER LETTER

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

SUBJECT: It's Playtime 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: Deborah James

Name (Printed or typed)

PO BOX 132

Address

Anthony, FL 32617

City, State & Zip

352-509-1160

8380 NE ~~Deborah James~~ Telephone number

facsyb@yahoo.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: **It's Playtime Productions, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
8380 NE 36th Ave Rd
Anthony FL, 32617

Mailing address, if different is:
PO BOX 132
Anthony, FL 32617

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The expressed purpose of It's Playtime Productions, Inc. is to create an opportunity to give economically and socially disadvantaged populations access to the creative fine arts. It's Playtime Productions, Inc. intends to provide financial and educational resources to its target population which will enable said individuals to be exposed to formal training in the creative fine arts.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

The board of directors shall be appointed with the approval of a majority vote by the current board of directors members. Officers are elected and approved by the highest number of votes for each respective office where a quorum is present.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brenda Dawson-Griffin, Director/Treasurer
Address: 16285 NW 112ct
Reddick, FL 32686

Name and Title: Felita Kingcade-Barnett, Director/Vice President
Address: 11200 NW 104th Ave
Reddick, FL 32686

Name and Title: Deborah James, Chairman of the Board/CEO
Address: 8380 NE 36th Ave Rd
Anthony, FL 32617

Name and Title: Madelene James Kinsler, Director/Secretary
Address: 7585 NW 131st Street Rd
Reddick, FL 32686

Name and Title: Stacie Newmones, Director/President
Address: 2850 W WHY 316
Reddick, FL 32686

Name and Title: Karen Edge, Director
Address: 9461 NW 30th Ave
Ocala, FL 34475

ARTICLE VI REGISTERED AGENT

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

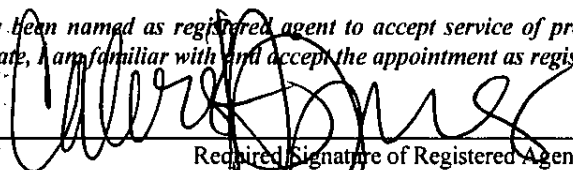
Name: Calvis A. Jones
Address: 19670 SW Eagle Drive
Dunnellon, FL 34431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Deborah James
Address: 8380 NE 36th Ave Rd
Anthony, FL 32617

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

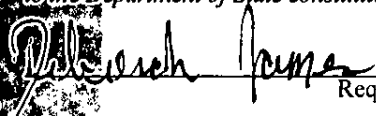


Required Signature of Registered Agent

6/29/11

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.



Required Signature of Incorporator

6/29/11
Date