

N200000002600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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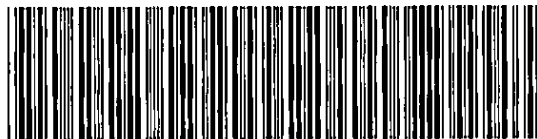
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/05/20--01001--014 **78.75

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20 MAR-5 AM 9:57
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COVER LETTER

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

SUBJECT: Beyond Me 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: Lakeisha Michelle Salvant
Name (Printed or typed)

2915 Sharzer Rd, 213
Address

Tallahassee, FL 32312
City, State & Zip

850 300 3501
Daytime Telephone number

lmichelle@lmichellemedia.co
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: BeyondMe Productions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2915 Sharer Rd, 213
Tallahassee, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to serve as a community
production house specializing in using the most
cutting edge technology to produce stories of Faith
and the African American experience.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lakesha Michelle Salvant, Dir. Name and Title: Christopher K. Salvant Sr., Dir.

Address: 2915 Sharer Rd Address: 2915 Sharer Rd
#213 #213
Tallahassee, FL 32312 Tallahassee, FL 32312

Name and Title: Nicky Collins, Dir. Name and Title: Paula Crean, Dir.
Address: 405 Old Plantation Way Address: 112 Auburn Oaks Dr. N.
Tallahassee, FL 32311 Jacksonville, FL 32218

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Lakeisha Michelle Salvant
Address: 2915 Sharon Rd, 213
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Lakeisha Michelle Salvant
Address: 2915 Sharon Rd, 213
Tallahassee, FL 32312

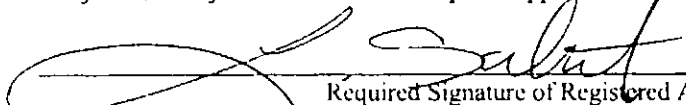
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

3-5-20
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

3-5-20
Date