

N20000005900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

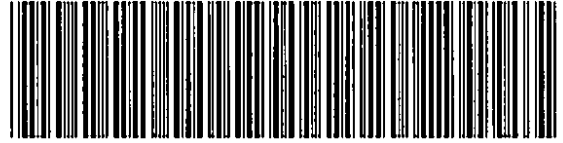
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500342489015

05/04/20--01022--009 **78.75

2020 MAY -4 PM 3:08
STATE OF FLORIDA
TALLAHASSEE, FL

FILED

COVER LETTER

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

SUBJECT: dog's day 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: Donna McIntire
Name (Printed or typed)

124 Lake Pine Circle D1
Address

Greenacres FL 33463
City, State & Zip

609-638-0973
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FL

2020 MAY -4 PM 3:08

FILED

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 517, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: dog's day productions INC

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address:	Mailing address, if different is:
<u>124 Lake Pine Circle D1</u>	<u></u>
<u>Greenacres Fl 33463</u>	<u></u>
<u></u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: "dog's day productions" provides fundraising through entertainment and job training by local artists in the community. "dog's day productions" reaches out to local artists to offer them guidance in creating and building props for a show. dog's day productions' has the ability to allow local musicians the opportunity to perform live and in front of an audience while donating money and time back to the local arts in the communities where we perform.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Dean Innocenzi President</u>	Name and Title:	<u>Donna McIntire VP/Treasure</u>
Address	<u>1456 Cedar Lane</u> <u>Hamilton, NJ 08610</u>	Address:	<u>124 Lake Pine Circle D1</u> <u>Greenacres, FL 33463</u>
Name and Title:	<u>Lynnette Astbury</u>	Name and Title:	<u>Matthew Weeks</u>
Address	<u>10 James Cubberly Court</u> <u>Hamilton, NJ 08610</u>	Address:	<u>1608 Tanner Ave</u> <u>Burlington, NJ 08016</u>
Name and Title:	<u>Michael Hoch</u>	Name and Title:	<u>Jeffery Mason</u>
Address	<u>1456 Cedar Lane</u> <u>Hamilton, NJ 08610</u>	Address:	<u>16 Longleaf Drive</u> <u>Trenton, NJ 08690</u>

SECRETARY OF STATE
TALLAHASSEE, FL
2020 MAY -4 PM 3:08
FILED

Name and Title: Carlo Pocino
Address: 30041 Tessier St. Suite 112
Laguna Niguel, CA 92677

Name and Title: Sara Hoch
Address: 1456 Cedar Lane
Hamilton, NJ 08610

Name and Title: Chris Ryan
Address: 1456 Cedar Lane
Hamilton, NJ 08610

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Donna McIntire
Address: 124 Lake Pine Circle D1
Greenacres, FL 33463

FILED
2020 MAY -4 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Donna McIntire
Address: 124 Lake Pine Circle D1
Greenacres, FL 33463

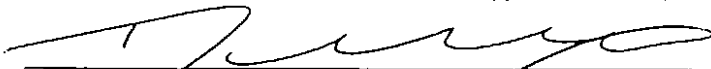
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1 May 2020 (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

4-30-2020
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

4-30-2020
Date