

TRANSMITTAL LETTER

P01000063318

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

SUBJECT: TIDAL WAVE FILMS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800004439138--3
-06/25/01--01089--012
*****87.50 *****87.50

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 of
Status
ADDITIONAL COPY REQUIRED

FROM: Michael Paul Trebilcock
Name (Printed or typed)

1228 West Avenue, Suite 412

Address

Miami Beach, FL 33139

City, State & Zip

(305) 532-7022

Daytime Telephone number

FILED
01 JUN 25 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

8/6/26

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

TIDAL WAVE FILMS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1228 West Avenue, Suite 412
Miami Beach, FL 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Production of visual and audio-visual media, including photos, motion pictures, videos, and screenplays.

ARTICLE IV SHARES

The number of shares of stock is:

7,500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Michael Paul Trebilcock
1228 West Avenue, Suite 412
Miami Beach, FL 33139

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

Michael Paul Trebilcock
1228 West Avenue, Suite 412
Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Paul Trebilcock
1228 West Avenue, Suite 412
Miami Beach, FL 33139

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

Date

Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA