

PD300008657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Majestic's Vision, Incorporated
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:

Phyllis W. Simpkins
Name (Printed or typed)

Address

City, State & Zip

(305) 653-0630

Daytime Telephone number

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

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:

Majestic's Vision, Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1121 ATLANTIC AVE.
OPA-LOCKA, FL 33050

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Produce Low Budget Films, Stage Plays, etc.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Phyllis W. Simpkins CEO
William D. Simpkins President
1121 ATLANTIC AVE.
OPA-LOCKA, FL 33050

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: PHYLLIS W. SIMPKINS

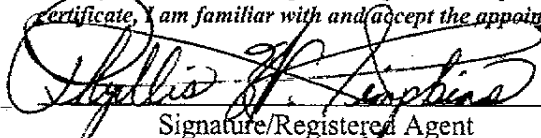
1121 ATLANTIC AVE.
OPA-LOCKA, FL 33050

ARTICLE VII INCORPORATOR

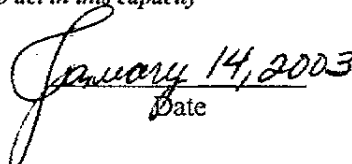
The name and address of the Incorporator is: WILLIAM D. SIMPKINS

1121 ATLANTIC AVE.
OPA-LOCKA, FL 33050

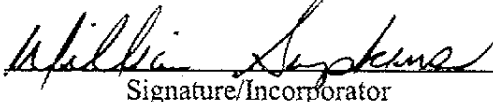
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator

01-14-03

Date

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03 JAN 17 AM 10:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA