

P030000 71824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

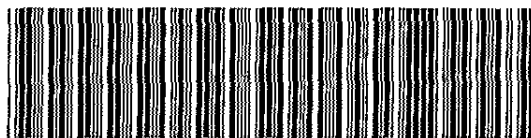
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/26/03--01035--008 \*\*78.75

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03 JUN 26 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TSC6/30/03

## TRANSMITTAL LETTER

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

SUBJECT: FlickerFly Productions Inc.  
(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: Michael A. Gemelli II  
Name (Printed or typed)

543 Northbridge Drive  
Address

Altamonte Springs, Florida 32714  
City, State & Zip

407.230.0664  
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:

FlickerFly Productions Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

543 Northbridge Drive  
Altamonte Springs, FL 32714

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To shoot video and produce stories ~~mfk~~ for tv.

## ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Michael A. Gemelli II/President  
543 Northbridge Drive  
Altamonte Springs, FL 32714

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Michael A. Gemelli II  
543 Northbridge Drive  
Altamonte Springs, FL 32714

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael A. Gemelli II  
543 Northbridge Drive  
Altamonte Spøings, FL 32714

\*\*\*\*\*

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

MA Gemelli: —

Signature/Registered Agent

6-23-03

Date

MA Gemelli: —

Signature/Incorporator

6-23-03

Date

FILED  
03 JUN 26 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA