

PO4000037259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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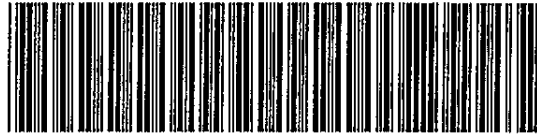
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

9/2/07

TRANSMITTAL LETTER

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

SUBJECT: Deluca 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Joanne R. Shultz
Name (Printed or typed)

11224 NW 65th Court
Address

Parkland, Fl. 33076
City, State & Zip

954-345-0363
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:

Deluca Productions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11224 NW 65th Court
Parkland, Fl. 33076

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Show Productions

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):

Joanne R. Shultz
11224 NW 65th Court
Parkland, Fl. 33076

ARTICLE VI REGISTERED AGENT

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

Joanne R. Shultz
11224 NW 65th Court
Parkland, Fl. 33076

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joanne R. Shultz
11224 NW 65th Court
Parkland, Fl. 33076

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

Joanne Shultz
Signature/Registered Agent

2-19-04
Date

Joanne Shultz
Signature/Incorporator

2-19-04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA