

P040000068009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

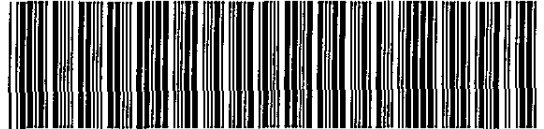
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 APR 22 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: U-TURN 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Michael Lee Lowry

Name (Printed or typed)

2471 John Young Parkway

Address

Orlando, Florida, 32804

City, State & Zip

(407) 509-1622

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:

U-TURN PRODUCTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2471 John Young Parkway
Orlando, Fl. 32804

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Produce Video and Field Photographs

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President, Secretary and Treasurer
Michael Lee Lowry
2471 John Young Parkway
Orlando, Fl. 32804

ARTICLE VI REGISTERED AGENT

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

Michael Lee Lowry
2471 John Young Parkway
Orlando, Fl. 32804

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Lee Lowry
2471 John Young Parkway
Orlando, Fl. 32804

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