

P05000028730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200046453112

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
05 FEB 16 AM 8:24

02/16/09--01027--009 **18.15

OB 2/25

TRANSMITTAL LETTER

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

SUBJECT: Movie Stunt 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 ☐ \$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: Wilfred L. Lee

Name (Printed or typed)

221 North Hogan Street #347

Address

Jacksonville, Florida, 32202

City, State & Zip

904-534-4268

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 16 AM 8:24

ARTICLE I NAME

The name of the corporation shall be:

Movie Stunt Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

221 North Hogan Street #347

Jacksonville, Florida 32202

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

One Share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Wilfred L. Lee 221 North Hogan Street #347 Jacksonville, Florida 32202

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Shirley Jones 221 North Hogan Street #347 Jacksonville, Florida 32202

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Wilfred L. Lee 221 North Hogan Street #347 Jacksonville, Florida 32202

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

Shirley Jones

Signature/Registered Agent

2/14/05

Date

W L Lee

Signature/Incorporator

2/14/05

Date