

POS000092247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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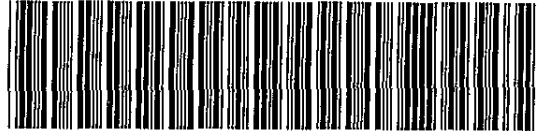
(Business Entity Name)

(Document Number)

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

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06/15/05--01006--007 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 JUN 28 AM 8:24

FILED

CB6-29

## TRANSMITTAL LETTER

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

SUBJECT: Original FX, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Allan Reiss  
Name (Printed or typed)

11640 NW 12th Street  
Address

Coral Springs, FL 33071  
City, State & Zip

954-609-2268  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 15, 2005

ALLAN REISS  
11640 NW 12TH ST  
CORAL SPRINGS, FL 33071

SUBJECT: ORIGINAL FX, INC.  
Ref. Number: W05000029552

We have received your document for ORIGINAL FX, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock  
Document Specialist  
New Filings Section

Letter Number: 405A00041530

**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:

Original FX, Inc.

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05 JUN 28 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

11640 NW 12th Street  
Coral Springs, FL 33071

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To legally operate a special effects lighting company.

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 AR

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Allan Reiss (President)  
11640 NW 12th Street  
Coral Springs, FL 33071

**ARTICLE VI REGISTERED AGENT**

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

Allan Reiss  
11640 NW 12th Street  
Coral Springs, FL 33071

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Allan Reiss  
11640 NW 12th Street  
Coral Springs, FL 33071

\*\*\*\*\*

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

Allan Reiss  
Signature/Registered Agent

6-13-05  
Date

Allan Reiss  
Signature/Incorporator

6-13-05  
Date