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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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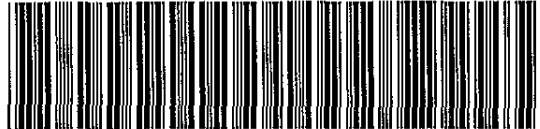
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: Biznuts, Corp.
(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

ADDITIONAL COPY REQUIRED

FROM: Teri Kaye
Name (Printed or typed)
4759 SW 51 St
Address
Davie FL 33314
City, State & Zip
954-587-6777
Daytime Telephone number

05 JUL 14 AM 9:11

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

Productions
Biznuts, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4759 SW 51 St.
Davie, FL 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any Lawful purpose

ARTICLE IV SHARES

The number of shares of stock is:

5000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Teri Kaye, President
11008 Nashville Dr.
Cooper City, FL 33026

ARTICLE VI REGISTERED AGENT

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

Teri Kaye
11008 Nashville Dr.
Cooper City, FL 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Teri Kaye
11008 Nashville Drive
Cooper City, FL 33026

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
VISION & INFORMATION