

PD6000067570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

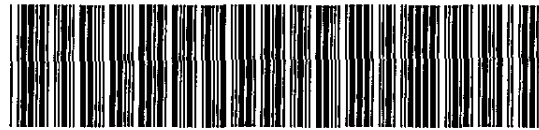
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1006-3812

MRB
5/15

COVER LETTER

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

SUBJECT: icandee 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
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: LYNN M. BOVE
Name (Printed or typed)

1755 Marseilles Dr. #4
Address

Miami Beach FL 33140
City, State & Zip

786-663-2105
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2006

LYNN M BOSE
1755 MARSEILLES DR
#4
MIAMI BEACH, FL 33141

SUBJECT: ICANDEE PRODUCTIONS INC
Ref. Number: W06000003812

We have received your document for ICANDEE PRODUCTIONS INC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

Filing Fees	\$35.00 ✓
Registered Agent Designation	\$35.00 ✓
Certified Copy	\$8.75
Certificate of Status	\$8.75 ✓

If you have any further questions concerning your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist
New Filing Section

Letter Number: 506A00005573

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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:

Icandee productions inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1755 Marseilles Dr. #4 Miami Beach FL 33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LYNN M. BOVE - President

ARTICLE VI REGISTERED AGENT

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

LYNN M. BOVE
1755 Marseilles Dr #4
Miami Beach FL 33141

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LYNN M. BOVE
1755 Marseilles Dr. #4 Miami beach FL 33141

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

Lynn M. Bove
Signature/Registered Agent

Lynn M. Bove
Signature/Incorporator

1/10/06
Date

1/10/06
Date

FILED

06 MAY 15 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA