

P06006110216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

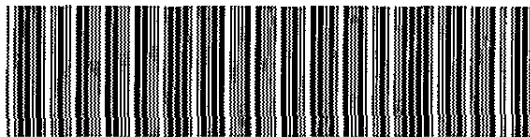
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COVER LETTER

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

SUBJECT: CLINIC PRODUCTIONS & ENTERTAINMENT  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

INC

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: Elijah Chatib  
Name (Printed or typed)

308 YOUNG ST  
Address

Tall., Fl. 32301  
City, State & Zip

(850) 339-7235  
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:

CLINIC PRODUCTIONS & ENTERTAINMENT, INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

308 YOUNG ST., Tall, FL 32301

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Promotions and entertainment

## ARTICLE IV SHARES

The number of shares of stock is:

1

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Elijah Khatib President  
308 YOUNG ST.  
Tall., FL. 32301

## ARTICLE VI REGISTERED AGENT

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

Elijah Khatib  
308 YOUNG ST.  
Tall., FL. 32301

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Elijah Khatib  
308 YOUNG ST.  
Tall., FL. 32301

\*\*\*\*\*  
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

Signature/Incorporator

Date

Date

FILED  
06 AUG 23 PM 4:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA