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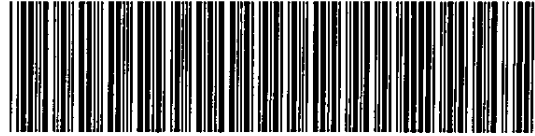
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TALLAHASSEE, FLORIDA

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DATE

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

01/15/07

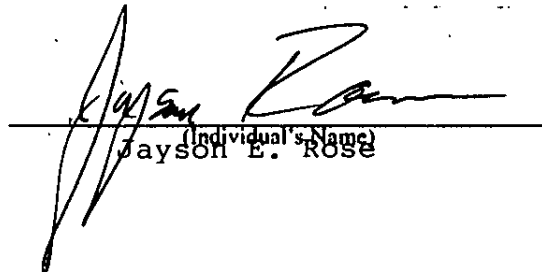
Re: Fallen Angel Productions, Inc.  
(Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$ 18.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

  
(Individual's Name)  
Jayson E. ROSE

Fallen Angel Productions, Inc.  
(Name of Corporation)

MAILING ADDRESS OF CORPORATION

P.O. Box 1869

Inverness, FL. 34451

PHONE

( 352 ) 732-1645

Area Code

Number

Ext.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 18, 2007

JAYSON E ROSE  
FALLEN ANGEL PRODUCTIONS, INC.  
PO BOX 1869  
INVERNESS, FL 34451

SUBJECT: FALLEN ANGEL PRODUCTIONS, INC.  
Ref. Number: W07000002821

*Tattoo*

We have received your document for FALLEN ANGEL<sup>Tattoo</sup> PRODUCTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6879.

Ruby Dunlap  
Regulatory Specialist  
New Filing Section

Letter Number: 707A00004182

This document contains confidential information. If you are not the intended recipient, you should not disseminate, distribute, or use this information. If you have received this document in error, please notify the sender immediately by e-mail at [redacted] or by phone at [redacted].

# ARTICLES OF INCORPORATION

of  
Fallen Angel Tattoo Productions, Inc.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

Fallen Angel Tattoo Productions, Inc.

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TALLAHASSEE, FLORIDA

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1,000 shares of common stock, par value \$ 1.00 per share.

## ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS			
940 NE 20th Street			
CITY	Ocala	FLORIDA	ZIP 34470

Mailing address, if different

STREET ADDRESS			
P.O. Box 1869			
CITY	Inverness	FLORIDA	ZIP 34451

## ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Jayson E. Rose		
ADDRESS	940 NE 20th Street		
CITY	Ocala	FLORIDA	ZIP 34470

### ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

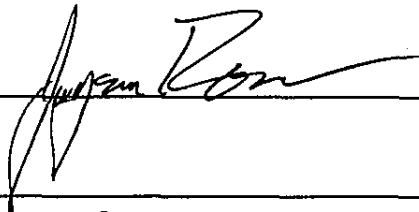
NAME	Jayson E. Rose		
ADDRESS	940 NE 20th Street		
CITY	Ocala	STATE	Florida
ZIP	34470		
NAME			
ADDRESS			
CITY		STATE	
ZIP			
NAME			
ADDRESS			
CITY		STATE	
ZIP			

### ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Jayson E. Rose		
ADDRESS	940 NE 20th Street		
CITY	Ocala	STATE	Florida
ZIP	34470		
NAME			
ADDRESS			
CITY		STATE	
ZIP			
NAME			
ADDRESS			
CITY		STATE	
ZIP			

The undersigned incorporator(s) have executed these Articles of Incorporation this 15th day of January, ~~19~~ 2007.

  
\_\_\_\_\_  
(Signature)  
  
\_\_\_\_\_  
(Signature)  
  
\_\_\_\_\_  
(Signature)

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Fallen Angel Tattoo Productions, Inc.

*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

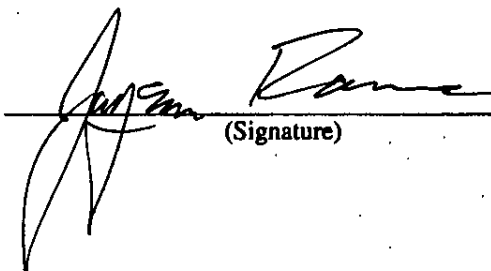
at 940 NE 20th Street

Ocala, FL. 34470

has named Jayson E. Rose

located at the aforesaid address, as its registered agent to accept service of process within this state.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(Signature)

1-16-07  
(Date)