## P10000102801

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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## **COVER LETTER**

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

**\5** 

SUBJECT: BONSAI PRODUCTION	NS, INC.			
(PROPOSED CORPORA)	ΓΕ NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed are an original and one (1) copy of the article \$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
FROM: KEVIN FARRO	(Printed or typed)		21	
10319 BROOKVILLE LA	(Printed or typed)		2010 DEC 22	÷ 3
A	Address		22	T
BOCA RATON, FL 3342 City,	28		AH 9:	
	State & Zip		3: 06	Sec. March
954-815-9073	alaukana nyimbar			
Daytime 10	elephone number			
F-mail address: (to be used	Sai Production  I for future annual repor	ons Com		

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 The name of the cor	NAME BONSAI PRODUCTIONS, I	NC.				
ARTICLE II	PRINCIPAL OFFICE					
	Principal street address	Ma	Mailing address, if different is:			
	319 BROOKVILLE LANE					
B	OCA RATON, FL 33428	·			_	
ARTICLE III	OURDOCE				_	
	ich the corporation is organized is:					
THE CORPO	RATION SHALL ENGAGE IN ANY ACTIV	ITY OF BU	JSINESS PEF	RMITTED UN	DER	
	F THE UNITED STATES OF AMERICA					
ARTICLE IV						
	es of stock is: 1000					
	INITIAL OFFICERS AND/OR DIRECTORS					
Name and Tit Address:	le: KEVIN FARRO - PRESIDENT Nan 10319 BROOKVILLE LANE Add					
Address:	BOCA RATON FL 33428	iress.		<u></u>	<del></del>	
	HUCA HAILIN, FL 33920		······································		_	
Name and Tit	le:Nar	ne and Title:				
Address:	Add	tress:				
			<u></u>			
	le: Nar	ne and Title:				
Address:	Add	iress:				
			T	. 22		
		_	f	~ ; co	_	
ARTICLE VI	REGISTERED AGENT			<i>.:i</i> 등	en j	
	ida street address (P.O. Box NOT acceptable) of the re	gistered agent	is:	(C)	- Para	
Name: Address:	KEVIN FARRO 10319 BROOKVILLE LANE		č r	al No j	, -\'dicam-	
Address:	BOCA BATON FL 33428		•	<b>a</b>		
	DOVA HALVIN, LE JUSCO		·			
	INCORPORATOR		1	<b>.</b> 6	Tare seed	
	ress of the Incorporator is:		•,	? G		
Name: Address:	KEVIN FARRO					
Address:	10319 BROOKVILLE LANE BOCA RATON, FL 33428					
Having been name this certificate, I an	d as registered agent to accept service of process for t a familiar with and accept the appointment as registered	he above stated I agent and agi	ree to act in this ca	pacity	ed in	
	Required Signature/Registered Agent	<del></del>	<u></u>	2/17/10		
		_		Date		
	nent and affirm that the facts stated herein are true. partment of State constitutes a third degree felony as pi			mation submitted	in a	
	-3/1	-		} /		
	150 700		15	2/17/10		
	Required Signature/Incorporator	<del></del>	<del></del>	Date		