

P11000006408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

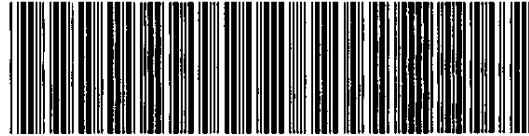
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/18/11--01065--023 **70.00

FILED
2011 JAN 19 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 20 2011

COVER LETTER

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

SUBJECT: Flywheel Productions, Corp.
(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: Ted Astleford
Name (Printed or typed)

201 SE 2nd Ave Suite 302
Address

Gainesville FL 32601
City, State & Zip

352-215-3975
Daytime Telephone number

tedastleford@gmail.com
E-mail address. (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: **Flywheel Productions, Corp.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
201 SE 2nd Ave
Suite 302
Gainesville FL 32601

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

all lawful activities

ARTICLE IV SHARES

The number of shares of stock is: **10,000,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Ted Astleford, President**
Address: **201 SE 2nd Ave
Suite 302
Gainesville FL 32601**

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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


Name: **Ted Astleford**
Address: **201 SE 2nd Ave Suite 302
Gainesville FL 32601**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Ted Astleford**
Address: **201 SE 2nd Ave Suite 302
Gainesville FL 32601**

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

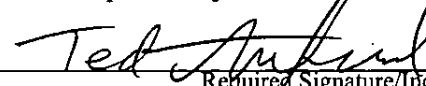


Required Signature/Registered Agent

1/11/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

1/11/2011

Date

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