

P110000046614

(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:

Office Use Only



200205775632

04/29/11--01029--005 **78.75

SECRETARY OF STATE
TULAHASSEE B. CHAMBERLAIN

11 MAY 16 PM 12:28

47777777

5/17

24
611000046614
[Signature]

COVER LETTER

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

SUBJECT: Om Productions Incorporated

(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: Douglas Jay Benson

Name (Printed or typed)

13055 NW 13th street

Address

Pembroke Pines, Florida, 33028

City, State & Zip

954-980-8987

Daytime Telephone number

aquaticsys@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 MAY 16 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 2, 2011

DOUGLAS JAY BENSON
13055 NW 13TH ST
PEMBROKE PINES, FL 33028

SUBJECT: OM PRODUCTIONS INCORPORATED
Ref. Number: W11000024359

We have received your document for OM PRODUCTIONS INCORPORATED (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 registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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 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) 245-6995.

Jessica A Fason
Regulatory Specialist II

Letter Number: 711A00010609

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:

OM TV Productions Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

13055 NW 13 Street

Pembroke Pines,

Florida 33028

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- 1) The corporation is formed to conduct and transact all lawful business activities allowed under the laws of the state of Florida.
- 2) To provide services in the Film / Television industries on a per job basis as a subcontractor.

ARTICLE IV SHARES

The number of shares of stock is: 500 shares, valued at \$1.00 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Douglas Jay Benson CEO

Address: 13055 NW 13 St

Pembroke Pines

Florida 33028

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: Douglas Jay Benson

Address: 13055 NW 13 St

PEMBROKE PINES FL 33028

ARTICLE VII INCORPORATOR

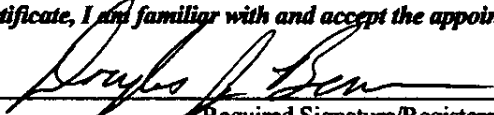
The name and address of the Incorporator is:

Name: Douglas Jay Benson

Address: 13055 NW 13 St

Pembroke Pines, FL 33028

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

05 / 09 / 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

05 / 09 / 2011

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY 16 PM 12:28

FILED