

PI1000070908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

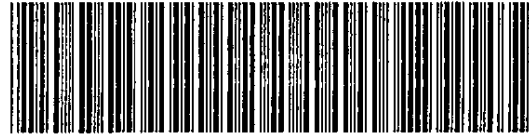
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Certified Copies _____

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Special Instructions to Filing Officer:

Office Use Only



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02/24/11--01010--007 **78.75

FILED

11 AUG - 8 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1111-12270

MD 8/8

COVER LETTER

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

SUBJECT: **Bot 10 Productions Inc**

(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: Lazaro Gomez
Name (Printed or typed)
165 sandalwood Dr
Address
Kissimmee, FL 34743
City, State & Zip
321-682-5441
Daytime Telephone number
gomez1729@msn.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

March 3, 2011

LAZARO GOMEZ
2307 BOGGY CREEK ROAD, #83
KISSIMMEE, FL 34744

SUBJECT: BOT 10 PRODUCTIONS
Ref. Number: W11000012270

We have received your document for BOT 10 PRODUCTIONS 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected 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) 245-6921.

Maryanne Dickey
Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 811A00005276



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2011

LAZARO GOMEZ
165 SANDALWOOD DR.
KISSIMMEE, FL 34743

SUBJECT: BOT 10 PRODUCTIONS INC
Ref. Number: W11000012270

We have received your document for BOT 10 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):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please return the corrected 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) 245-6921.

Maryanne Dickey
Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 811A00005276

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: Bot 10 Productions Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2307 boogey Creek Road # 83
Kissimmee, FL 34743

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales and production of artistic services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lazaro Gomez

Address: 1165 sandalwood Dr
Kissimmee, FL 34743
title: president P

Name and Title: _____

Address: _____

Name and Title: Neela Gomez

Address: 1165 sandalwood Dr
Kissimmee, FL 34743
title: Vice President V

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: Neela Gomez
Address: 1165 sandalwood Dr
Kissimmee, FL 34743

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lazaro Gomez
Address: 1165 sandalwood Dr
Kissimmee, FL 34743

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

Neela Gomez

Required Signature/Registered Agent

8/2/11

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.

[Signature]
Required Signature/Incorporator

8/2/11

Date

FILED
11 AUG - 8 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA