P110000 76877

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

W/1-32416



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06/13/11-101010--012 **78.75

TALLAHASSEE FLORIDA

108/30/11



July 6, 2011

JOYANNE CADET 5075 NW 36TH STREET, APT. D120 LAUDERDALE LAKES, FL 33319

SUBJECT: ASPIRE PRODUCTIVE INCORPORATION

Ref. Number: W11000032416

We have received your document for ASPIRE PRODUCTIVE INCORPORATION 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.

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) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 611A00014586

11 AUG 29 PM 2: 53
SECRETARY OF STATE
ANTAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2011

JOYANNE CADET 5075 NW 36TH STREET, APT. D120 LAUDERDALE LAKES, FL 33319

SUBJECT: ASPIRE PRODUCTIVE INCORPORATION

Ref. Number: W11000032416

We have received your document for ASPIRE PRODUCTIVE INCORPORATION 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) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 611A00014586

COVER LETTER

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

SUBJECT: Appire Productiv	LINCOPOY OHON TENAME-MUST INCLUDE SUFFIX)				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)					
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:				
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED				
•					
FROM: Joyanne Cadet Name (Printed or typed)					
3575 NW 36th Street Apt. 0120					
Louderdale Lakes, FL 33319 City, State & Zip					
954- 600 – 200 Daytime Telephone number					
E-mail address: (to be used for future annual report notification)					

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 N The name of the corpo	MAME pration shall be: Abore Frod	uctive J	Inc.
ARTICLE II P	Principal office Principal street address 075 NW 360 St Apt 0120 UNERORUE LAKES FL 33319	Ma	ailing address, if different is:
ARTICLE III PO	TRPOSE The the corporation is organized is: +O Crec THE ENTERTAINMENT TIME	ate a Projecting.	ofessional Corporation
ARTICLE IV S. The number of shares	HARES of stock is:		
	VITIAL OFFICERS AND/OR DIRECTORS JOYN (12 CONTROL OF 12 CO	•	
Name and Title Address:	Chedine Footman Housevirus Italia 2015 ANN 3646 AM AM AM BITO Somerset Drive AM K312 Louvercall Lakes, FL 33311	Address:	
Name and Title Address:	·		
,	EGISTERED AGENT la street address (P.O. Box NOT acceptable) of the street add	he registered agent i	11 AUG 29 TALLAHASS
	vcorporator ss of the Incorporator is: JOVANNE CALET 5015 NW ZOMST APT DISC LAUREDOLE LAKES, FL 33319	,	PH 2: 50
Having been named this certificate, I am f	as registered agent to accept service of process amiliar with and accept the appointment as regis	for the above stated stered agent and agr	ed corporation at the place designated in cree to act in this capacity
	Required Signature/Registered Agent ent and affirm that the facts stated herein are to irtment of State constitutes a third degree felony		
- 1 JOY ax	Required Signature/Incorporator	•	O/ Of M-