

P11000098746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

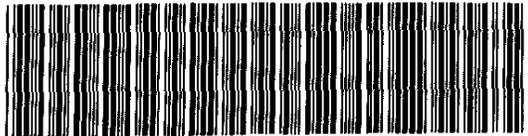
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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11/14/11--01068--003 \*\*78.75

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 NOV 14 PM 12:34

11/16/11

**COVER LETTER**

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

**SUBJECT:** \_\_\_\_\_  
(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:** Picture Perfect Production and Recording, Inc  
Name (Printed or typed)

6711 SW 63rd Ln  
Address

Gainesville, FL 32608  
City, State & Zip

352-258-6453  
Daytime Telephone number

moorec0147@yahoo.com  
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS  
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**NOTE: Please provide the original and one copy of the articles.**

# Affidavit

BE IT ACKNOWLEDGED, that Daniel Mitchell of 6711 SW 63 RD LN, Gainesville, FL, County of Alachua, the undersigned deponent, being of legal age, does hereby depose and say under oath as follows: I have no intention of reinstating the corporation and the name is free to be used as another entity. Picture Perfect Production and recording, Inc. P10000073451

I affirm that the foregoing is true except as to statements made upon information and belief, and as to those I believe them to be true.

Witness my hand under the penalties of perjury this 20th day of October, 2011.

Larry D. Mitchell P.N.D.  
Signature of Witness

Daniel Mitchell  
Signature of Deponent

Larry D Mitchell P.N.D.  
Name of Witness

Daniel Mitchell  
Name of Deponent

6711 SW 63 Lane Gainesville  
Street Address of Witness

6711 SW 63rd lane  
Street Address of Deponent

Gainesville FL 32608  
City/State/Zip

Gainesville FL 32608  
City/State/Zip

State of: FL  
County of: Alachua

On 10-20-11, before me, Daniel Mitchell and Larry Mitchell personally appeared Both, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

Corine Moore  
Signature

Affiant  Known  Unknown

ID Produced \_\_\_\_\_

(Seal)



CORINE MOORE  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# EE043769  
Expires 11/21/2014

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SECRETARY OF STATE  
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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**ARTICLE I NAME**

The name of the corporation shall be: Picturè Perfect Production and Recording, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6711 SW 63rd Ln  
Gainesville, FL 32608

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Produce and Record Music

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Daniel L. Mitchell P  
Address: 6711 SW 63rd Ln  
Gainesville, FL 32608

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Larry D. Mitchell VP  
Address: 6711 SW 63rd Ln  
Gainesville, FL 32608

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Bonnie R. Mitchell Sec  
Address: 6711 SW 63rd Ln  
Gainesville, FL 32608

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: Daniel L. Mitchell  
Address: 6711 SW 63rd Ln  
Gainesville, FL 32608

**ARTICLE VII INCORPORATOR**

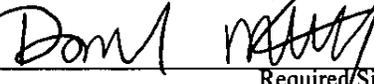
The name and address of the Incorporator is:

Name: Daniel I. Mitchell  
Address: 6711 SW 63rd Ln  
Gainesville, FL 32608

*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 10/20/11 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.*

 Required Signature/Incorporator 10/20/11 Date