

P11000098746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

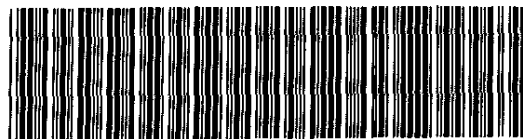
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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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)

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

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DIVISION OF CORPORATIONS
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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.

Signature of Witness

Name of Witness

Signature of Deponent

Name of Deponent

Street Address of Witness

City/State/Zip

Street Address of Deponent

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

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
DIVISION OF CORPORATIONS
2011 NOV 14 PM 12:34

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:

Pictur  Perfect Production and Recording, Inc

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DIVISION OF CORPORATIONS

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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 L. 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

Don Mitchell

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.

Don Mitchell

Required Signature/Incorporator

10/20/11

Date