

P/1000104603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 12/08/11

## COVER LETTER

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

**SUBJECT: Strickly Bout Business Ent. 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: Orin Dione Ellis

Name (Printed or typed)

1735 SE Hawthorne Rd

Address

Gainesville, FL 32641

City, State & Zip

352-219-1216

Daytime Telephone number

denisefranklin65@yahoo.com

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 NAME** Strickly Bout Business Ent. Inc  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1735 Se Hawthorne Rd  
Gainesville, FL 32641

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Produce, sing, record and organized music

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Denise Franklin - P  
Address: 1735 Se Hawthorne Rd  
Gainesville, FL 32641

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

Name and Title: Orin Dionte Ellis - VP  
Address: 1735 Se Hawthorne Rd  
Gainesville, FL 32641

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

Name and Title: Betty Franklin - Sec  
Address: 1735 Se Hawthorne Rd  
Gainesville, FL 32641

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: Denise Franklin  
Address: 1735 Se Hawthorne Rd  
Gainesville, FL 32641

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Denise Franklin  
Address: 1735 Se Hawthorne Rd  
Gainesville, FL 32641

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

Denise Franklin

Required Signature/Registered Agent

Nov. 28, 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.

Denise Franklin

Required Signature/Incorporator

Nov. 28, 2011

Date

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