

P12000009448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

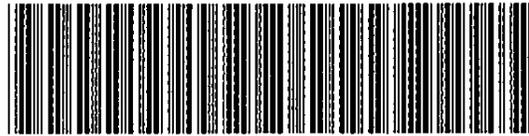
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T: Borch JAN 27 2012

COVER LETTER

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

SUBJECT: Flawless 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: Shannon Clayton  
Name (Printed or typed)

512 MLK BLV.  
Address

Port St Joe Fla. 32456  
City, State & Zip

(850) 276-9785  
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 NAME**

The name of the corporation shall be: Flawless Ent. INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
512 METS BLV.  
Port St Joe Fla 32456

Mailing address, if different is:  
P.O. Box 354  
Port St Joe Fla 32456

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Have concerts, parties, and shows to make money

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Shannon Clayton / CEO  
Address: 512 METS BLV Port St Joe Fla 32456

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

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Shannon Clayton  
Address: 512 METS BLV Port St Joe Fla 32456

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is: Shannon Clayton  
Name: Flawless Ent. INC.  
Address: 512 METS BLV Port St Joe Fla 32456

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

Shannon Clayton  
Required Signature/Registered Agent

1-27-12  
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.

Shannon Clayton  
Required Signature/Incorporator

1-27-12  
Date