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COVER LETTER

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

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SUBJECT: Flip Flop Films, Inc	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FRÓM: <u>Flip Flop Films, Inc</u> Name	(Printed or typed)
10425 Bermuda Drive	Address
Hollywood Florida 33026 City,	State & Zip
954-534-5333 Daytime Te	elephone number
Flipflopfilms biz E-mail address: (to be used	for future annual report notification)

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Flip Flop Film	is, Inc
The name of the corporation shall be:	
ARTICLE II PRINCIPAL OFFICE	
Principal street address	Mailing address, if different is:
10425 Bermuda Drive	
Hollywood Florida 33026	
ADVIOLE III DIIDDOGE	
The purpose for which the corporation is organized	e·
1:V-Show-or which the corporation is organized	••
ADTICI P TI SUADPS	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/O	
Name and Title Robert Goodman- Pres	
Address: 545 SW 15th Ave	Address:
Fort Lauderdale Florida	33312
Name and Title Marni Goldman-Vice Pr	esident Name and Title:
Address: 10425 Bermuda Drive	Address:
Hollywood Florida 3302	6
Name and Title	Name and Title:
	Address:
	N 50
ARTICLE VI REGISTERED AGENT	CO STATE OF THE PROPERTY OF TH
The name and Florida street address (P.O. Box NO	l'acceptable) of the registered agent is:
Name: Jay Goldman	
Address: 10425 Bermuda Drive	
Hollywood Florida 330	<u>ျ26 </u>
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Jay Goldman	
Address: 10425 Bermuda Drive	
Address: 10425 Bermuda Drive	14, 33026
,	rvice of process for the above stated corporation at the place designated
	pintment as registered agent and agree to act in this capacity
ms cerajicate, r amjanata van ana accept are app	
	2/4//2 rred Agent Date
Required Signature/Regista	red Agent Date
	•
	tted herein are true. I am aware that the false information submitted in
document to the Department of State constitutes a thi	rd degree felony as provided for in s.817.155, F.S.
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Required Signature/Incorporator