

P/2000038550

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

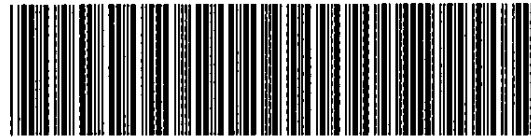
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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12 APR 23 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*K 04/25/12*

**COVER LETTER**

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

**SUBJECT: STUDIO 5, 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: JOHN SPEACHT**

Name (Printed or typed)

**1266 S MILITARY TRAIL # 583**

Address

**DEERFIELD BEACH FL 33442**

City, State & Zip

**561-251-1898**

Daytime Telephone number

**SPECSLEX @ AOL.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**

The name of the corporation shall be. **STUDIO 5, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1266 S MILITARY TRAIL #583  
DEERFIELD BEACH, FL 33442

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**ALL LEGAL BUSINESS SERVICES**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: <b>JOHN SPEACHT - PRESIDENT/SECTY</b>	Name and Title: _____
Address: <u>1266 S MILITARY TRAIL</u>	Address: _____
<u># 583</u>	_____
<u>DEERFIELD BEACH, FL 33442</u>	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: JOHN SPEACHT  
Address: 1266 S MILITARY TRAIL # 583  
DEERFIELD BEACH, FL 33442

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOHN SPEACHT  
Address: 1266 S MILITARY TRAIL # 583  
DEERFIELD BEACH, FL 33442

*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

\_\_\_\_\_  
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

\_\_\_\_\_  
Date

FILED  
12 APR 23 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4-18-12

4-18-12