

P12000077156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

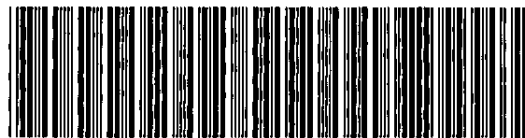
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12 SEP 10 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
9/11/12

## COVER LETTER

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

SUBJECT: LAST BREATH FILM, 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: PERRIN FRANTA  
Name (Printed or typed)

350 SE 16TH AVE  
Address

POMPANO BEACH, FL 33060  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

PERRINJAMESFILM@GMAIL.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** LAST BREATH FILM, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
350 SE 16TH AVE  
POMPANO BEACH, FL 33060

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different, is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
The corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV SHARES**  
The number of shares of stock is: The capital stock of this corporation shall be One Thousand (1000) Shares at \$1.00 per share par value.

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

Name and Title: PERRIN FRANTA - PRESIDENT Name and Title: \_\_\_\_\_  
Address: 350 SE 16TH AVE Address: \_\_\_\_\_  
POMPANO BEACH, FL 33060

Name and Title: PERRIN FRANTA - VICE PRES Name and Title: \_\_\_\_\_  
Address: 350 SE 16TH AVE Address: \_\_\_\_\_  
POMPANO BEACH, FL 33060

Name and Title: PERRIN FRANTA - SECRETARY Name and Title: \_\_\_\_\_  
Address: 350 SE 16TH AVE Address: \_\_\_\_\_  
POMPANO BEACH, FL 33060

**ARTICLE VI REGISTERED AGENT**

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

Name: PERRIN FRANTA  
Address: 350 SE 16TH AVE  
POMPANO BEACH, FL 33060

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PERRIN FRANTA  
Address: 350 SE 16TH AVE  
POMPANO BEACH, FL 33060

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

✓ Perrin Franta  
Required Signature/Registered Agent

✓ 9/07/12  
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.

✓ Perrin Franta  
Required Signature/Incorporator

✓ 9/07/12  
Date