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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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*J* 10/15/12

## COVER LETTER

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

**SUBJECT: Supreme Drama and Promotions 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: Pauline Katz

Name (Printed or typed)

10405 Sunrise Lakes Boulevard #161

Address

Sunrise, FL. 33322

City, State & Zip

(954) 554 0162

Daytime Telephone number

skatz952@comcast.net

E-mail address: (to be used for future annual report notification)

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**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: Supreme Drama and Promotions Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10405 Sunrise Lakes Boulevard  
Building # 161  
Sunrise, FL 33322

Mailing address: 10405 Sunrise Lakes Blvd #161  
Sunrise, FL 33322

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Teach Drama  
Organize events  
Marketing

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Pauline Katz (President)  
Address: 10405 Sunrise Lakes Blvd  
Building #161  
Sunrise FL 33322

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

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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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: Pauline Katz (President)  
Address: 10405 Sunrise Lakes Blvd #161  
Sunrise FL 33322

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Pauline Katz (P  
Address: 10405 Sunrise Lakes Blvd #161  
Sunrise FL 33322

*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*

Pauline Katz

Required Signature/Registered Agent

10/2/12  
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.*

Pauline Katz

Required Signature/Incorporator

10/2/12  
Date