

P13000011964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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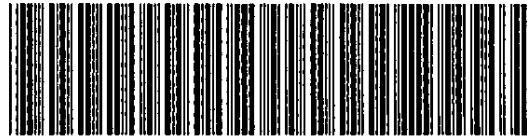
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 FEB -4 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
2/6/13

COVER LETTER

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

SUBJECT: ABOVE BOARD PRODUCTIONS 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: CHRISTOPHER BICKNELL
Name (Printed or typed)

1200 NE 103rd STREET
Address

MIAMI SHORES, FL 33138
City, State & Zip

917-648-8829
Daytime Telephone number

cbicknell@yahoo.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 ABOVE BOARD PRODUCTIONS INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

1200 NE 103RD STREET

MIAMI SHORES, FLORIDA 33138

Mailing address, if different from principal address:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

TO PROVIDE SERVICES TO COMMERCIAL PRODU

The purpose for which the corporation is organized is:

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTOPHER BICKNELL, PR

Address: 1200 NE 103RD STREET

MIAMI SHORES, FL 33138

Name and Title:

Address:

Name and Title: ELIZABETH BICKNELL, CFO

Address: 1200 NE 103RD STREET

MIAMI SHORES, FL 33138

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE VI REGISTERED AGENT

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

CHRISTOPHER BICKNELL

Name: _____

1200 NE 103RD STREET

Address: _____

MIAMI SHORES, FL 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHRISTOPHER BICKNELL

Name: _____

1200 NE 103RD STREET

Address: _____

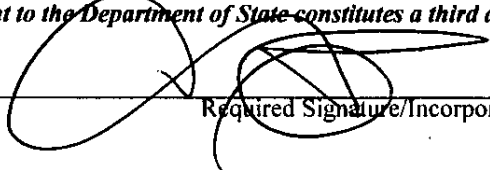
MIAMI SHORES, FL 33138

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/Registered Agent

1/30/2013

Date