

P130000875314

(Requestor's Name)

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☐ PICK-UP

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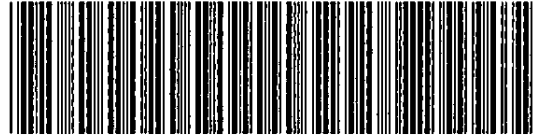
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
9/13/13

COVER LETTER

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

SUBJECT: 30 Evolutionary 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: Law Offices of Michael W. Fattorosi P.C

Name (Printed or typed)

5850 Canoga Ave Suite 400

Address

Woodland Hills CA 91367

City, State & Zip

818-881-8500

Daytime Telephone number

michael@fattlegal.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: 30 Evolutionary Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: **13 SEP 10 PM 1:01**

1936 Bruce B. Downs Blvd

#313

Wesley Chapel, FL 33543

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: entertainment production company

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA**

(conti.)

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

13 SEP 10 PM 1:01

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:

Name: InCorp Services, Inc.
Address: 17888 67th Court North
loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael W. Fattorosi, Esq
Address: 5850 Canoga Ave Suite 400
Woodland Hills CA 91367


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

 Heather Nee for Incorp Services, Inc.
Required Signature/Registered Agent

08/28/13

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

08/28/13

Date