

P14000035361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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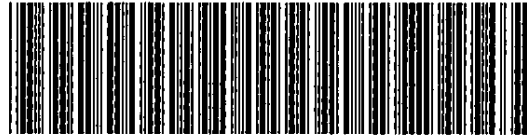
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/03/14--01016--008 **78.75

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14 APR 18 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N14-21754

04/21/14

RECEIVED

14 APR 18 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 4, 2014

SCOTT A. COOK
8 EAST CYPRESS STREET
DAVENPORT, FL 33837

SUBJECT: IMAGINATION PRODUCTIONS, INC.
Ref. Number: W14000021754



FLORIDA DEPARTMENT OF STATE
Division of Corporations

PLEASE SEE
CORRECTED
DOCUMENTS.

Scott A. Cook

We have received your document for IMAGINATION PRODUCTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P97000007695 (IMAGINATION PRODUCTION, INC.).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 814A00007326

COVER LETTER

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

SUBJECT: IMAGINATION 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: Scott A. Cook
Name (Printed or typed)

8 East Cypress Street
Address

Davenport, FL 33837
City, State & Zip

407-340-0472
Daytime Telephone number

audrey2.cbc@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: IMAGINATION PRODUCTIONS, INC.

IMAGINATION WORKS OF CENTRAL FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8 East Cypress Street

Davenport, FL 33837

ARTICLE III PURPOSE

Entertainment Production

The purpose for which the corporation is organized is:

ARTICLE IV SHARES 100

The number of shares of stock is:

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott A. Cook, PD

Name and Title: Abelardo Gonzales, VP

Address 8 East Cypress Street

Address: 8 East Cypress Street

Davenport, FL 33837

Davenport, FL 33837

Name and Title: Barbara Anderson, SC/TR

Name and Title: _____

Address 2435 S. Elm Avenue

Address: _____

Sanford, FL 32771

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: Abelardo Gonzales
Address: 8 East Cypress Street
Davenport, FL 33837

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Scott A. Cook
Address: 8 East Cypress Street
Davenport, FL 33837

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

3/30/14

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

3/30/14

Date