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(Re	questor's Name)			
(Address)				
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(Cit	y/State/Zip/Phone #	()		
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(Document Number)				
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1114-26089

COVER LETTER

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

Point SUBJECT:	-5 Productions, Itd.				
SOBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation an	d a check for:		
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL COPY REQUIRED			
FROM: _	enjamin Clark Nam	e (Printed or typed)			
10	027 Spindle Palm Way				
_	Address				
A _I	oollo Beach, FL 33572				
	City, State & Zip				
91	19.923.6482				
	Daytime 7	Telephone number	· · · · · · · · · · · · · · · · · · ·		
be	enclark@point-5productions.	com ·			
	E-mail address: (to be use	ed for future annual report	notification)		

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2014

BENJAMIN CLARK 1027 SPINDLE PALM WAY APOLLO BEACH, FL 33572

SUBJECT: POINT-5 PRODUCTIONS, LTD.

Ref. Number: W14000026089

We have received your document for POINT-5 PRODUCTIONS, LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of the abbreviation "Ltd." does not clearly indicate that this is a corporation instead of a partnership. Therefore, please remove the abbreviation "Ltd." from the corporate name."

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 114A00008805

.*	ARTICLES OF 18 In compliance with Chapter 607	NCORPORATION 7 and/or Chapter 621, F	S. (Profit)
TICLE I NAI	ME ation shall be: Point-5 Productions	Incorporated	AY -8 AHASS
	INCIPAL OFFICE Principal street address	1	Mailing address, if different is:
ollo Beach, FL	33572		D
			
TICLE III PUR purpose for which	RPOSE the corporation is organized is:	duce websites, iC	OS/ OS X apps, and films
,		- 	
		•	
TICLE IV SH	ARES 1000		A.A. · · · · · · · · · · · · · · · · · · ·
TICLE V INI	TIAL OFFICERS AND/OR DIREC	TORS	Benjamin Clark, CTO
TICLE V INI Name and Tit	i Slock is.	Name and Title	Benjamin Clark, CTO 1027 Spindle Palm Way
TICLE V INI	TIAL OFFICERS AND/OR DIRECTED ROBERT Hubbard, CEO	TORS Name and Title Address:	
Name and Tit Address	TIAL OFFICERS AND/OR DIRECT Robert Hubbard, CEO 1027 Spindle Palm Way Apollo Beach, FL 33572	Name and Title Address:	Apollo Beach, FL 33572
Name and Tit Address	TIAL OFFICERS AND/OR DIRECT Robert Hubbard, CEO 1027 Spindle Palm Way Apollo Beach, FL 33572	Name and Title Address:	Apollo Beach, FL 33572
Name and Tit Address	TIAL OFFICERS AND/OR DIRECT Robert Hubbard, CEO 1027 Spindle Palm Way Apollo Beach, FL 33572	Name and Title Address: Name and Title	Apollo Beach, FL 33572
Name and Title Name and Title	TIAL OFFICERS AND/OR DIRECT Robert Hubbard, CEO 1027 Spindle Palm Way Apollo Beach, FL 33572	Name and Title Address: Name and Title Name and Title Address:	Apollo Beach, FL 33572
Name and Title Name and Title Address	TIAL OFFICERS AND/OR DIRECT Robert Hubbard, CEO 1027 Spindle Palm Way Apollo Beach, FL 33572	Name and Title Address: Name and Title Name and Title Address:	Apollo Beach, FL 33572
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Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECT Robert Hubbard, CEO 1027 Spindle Palm Way Apollo Beach, FL 33572	Name and Title Address: Name and Title Address: Name and Title Address: Address: Address:	Apollo Beach, FL 33572

Name an	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable Benjamin Clark	e) of the registered agent is:	Ãs 1
Name:			ECRE HAY
Address:	1027 Spindle Palm Way Apollo Beach, FL 33572		Y-8 PM HASSEE. F
ARTICLE VII	INCORPORATOR		PF S IMIT
The name and ac	Idress of the Incorporator is:		A
Name:	Benjamin Clark	<u></u>	
Address:	1027 Spindle Palm Way		
	Apollo Beach, FL 33572	<u></u>	
this certificate, I	ned as registered agent to accept service of proc am familiar with and accept the appointment as		act in this capacity
12 eran	Required Signature/Registered Agent		4.24.14
-0	Required Signature/Registered Agent		Date
I submit this doc document to the l	ument and affirm that the facts stated herein o Department of State constitutes a third degree fo	are true. I am aware that the f clony as provided for in s.817.13	alse information submitted in a 55, F.S.
Berjami	(lack		4.24.14
	Required Signature/Incorporator	· · · · · · · · · · · · · · · · · · ·	Date

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