

P14000081264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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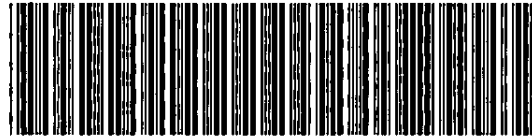
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

SUBJECT: ROYAL Blue 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  
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: Carolina Cavallotti

Name (Printed or typed)

10101 E. Bay Harbor Dr. #209

Address

Bay Harbor, Fl. 33154

City, State & Zip

305-608-6995

Daytime Telephone number

cavallotti-2002@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**

The name of the corporation shall be: Royal Blue Productions Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10101 East Bay Harbor Dr. #209  
Bay Harbor, Fl. 33154

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PRODUCTION

**ARTICLE IV SHARES**

The number of shares of stock is: 100 %

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

Name and Title: Carolina Cavallotti, Director Name and Title: \_\_\_\_\_

Address: 10101 East Bay Harbor Dr. Address: \_\_\_\_\_  
#209  
Bay Harbor, Fl. 33154

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(conti.)

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:

Carolina Cavallotti, Director

Address:

10101 East Bay Harbor Dr. #209  
Bay Harbor, Fl. 33154

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Carolina Cavallotti

Address:

10101 East Bay Harbor Dr. #209  
Bay Harbor, Fl. 33154

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

Carolina Cavallotti

Required Signature/Registered Agent

9/26/2014

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.

Carolina Cavallotti

Required Signature/Incorporator

9/26/2014

Date

14 OCT -2 PM 12:29  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA