

P15000005280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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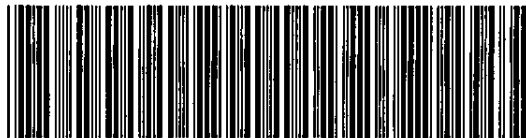
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **CHEROKAN 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: **DORIAN CHILDS**
Name (Printed or typed)
6401 S.WESTSHORE BLVD APT.1707
Address
TAMPA FL 33616
City, State & Zip
813 458 4213
Daytime Telephone number
CHOWZ2002@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: CHEROKAN PRODUCTIONS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

6401 S.WEST SHORE BLVD Apt
TAMPA FL 33616

Mailing address, if different is:

6401 S.WEST SHORE BLVD
TAMPA FL 33616

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide and run services for the film
and tv market as well as serving audio and production services to the
general market.

ARTICLE IV SHARES

The number of shares of stock is: 81

DRL

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Dorian Childs/COB</u>	Name and Title:	<u>Dorian Childs/CEO</u>
Address	<u>6401 S.WEST SHORE BLVD</u> <u>TAMPA FL 33616</u>	Address:	<u>6401 S.WEST SHORE BLVD</u> <u>TAMPA FL 33616</u>
Name and Title:	<u>Dorian Childs/Secretary</u>	Name and Title:	<u>Dorian/Treasurer</u>
Address	<u>6401 S.WEST SHORE BLVD</u> <u>TAMPA FL 33616</u>	Address:	<u>6401 S.WEST SHORE BLVD</u> <u>TAMPA FL 33616</u>
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: Dorian Childs
Address: 6401 S.WEST SHORE BLVD
TAMPA FL 33616

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dorian Childs
Address: 6401 S.WEST SHORE BLVD
TAMPA FL 33616

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

01/02/2015

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

01/02/2015

Date