(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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Office Use Only

1115-2297 MD127

## **COVER LETTER**

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

SUBJECT: Prin	nal Film Producti		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: R	obert Mack	e (Printed or typed)	— — — — — — — — — — — — — — — — — — —
P	O. Box 350395	, ((	
		Address	
<u>F1</u>	t. Lauderdale, Fl.	33335 State & Zip	

(954) 643-0818

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

Daytime Telephone number

horseracingofflorida.com@gmail.com

E-mail address: (to be used for future annual report notification)



January 13, 2015

ROBERT MACK P.O. BOX 350395 FT.LAUDERDALE, FL 33335

SUBJECT: PRIMAL FILM PRODUCTIONS

Ref. Number: W15000002297

We have received your document for PRIMAL FILM PRODUCTIONS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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: 915A00000670

## **COVER LETTER**

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

SUBJECT: Primal Film Productions, INC. 777				
Enclosed are an orig	inal and one (1) copy of the ar	ATE NAME - MUST INCLI		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	- \$87.50 Filing Fee, Certified Copy & Certificate of Status	

FROM: Robert Mack	
Name (Printed or typed)	_
P.O. Box 350395	
Address	
Ft. Lauderdale, Fl. 33335	
City, State & Zip	
(954) 643-0818	
Daytime Telephone number	
horseracingofflorida.com@gmail.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)

The name of the corporation shall be	Primal Film Pr	oductions, N	100 700 77
ARTICLE II PRINCIPAL O		J	Mailing address, if different is:
9420 Johnson St.			~~·
Pembroke Pines, Fl. 33024			E.F. S.
·			
RTICLE III PURPOSE ne purpose for which the corporati	ion is organized is: film	n,edit and distr	ribute independent films
	· · ·		
ie number of shares of slock is	OO CERS AND/OR DIRE		le: Robert Mack, Presider
Address		Address:	9420 Johnson St.
			Pembroke Pines, Fl. 3302
Name and Title:		Name and Titl	le:
Address	·	Address:	
Name and Title:		Name and Tit	le:
Address			
		Address:	
		Address:	

Name an	d Title:	Name and Title:_		<del> </del>		
Address		Address: _				
	<del></del>	_				
		_				
ARTICLE VI	REGISTERED AGENT	'the resistand seen	-• :a.	******		
Name:	orida street address (P.O. Box NOT acceptable) of Robert Mack	the registered ager	it is:		<u>ن</u> جرد	
Address:	9420 Johnson St.			第4年 第4年 がた	¥26	
	Pembroke Pines, Fl. 33024			771	PH	galage and
ARTICLE VII	INCORPORATOR			STATE TORIDA	PM 12: 03	-
The name and ad	Idress of the Incorporator is:					
Name:	Robert Mack					
Address:	P.O. Box 350395					
	Ft. Lauderdale, Fl. 33335					
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg				designa	nted in
	ument and affirm that the facts stated herein are Department of State constitutes, a third degree felon			rmation si	ubmitte	d in a
	Required Signature/Incorporator	N	_	/	le S	-