

P15000007794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

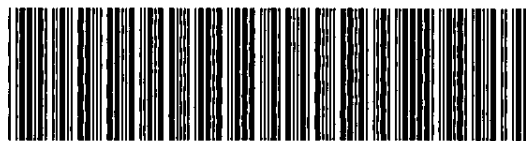
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100267235501

01/21/15--01017--012 \*\*70.00

FILED  
15 JAN 27 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 28 2015

S. GILBERT

COVER LETTER

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

SUBJECT: WildSide ENTERTAINMENT, 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: Michael G. Herrick  
Name (Printed or typed)

10300 49th St N Suite #135  
Address

Clearwater FL 33762  
City, State & Zip

(727) 329-0049 EXT #161  
Daytime Telephone number

mherrick76@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)

**ARTICLE I NAME**

The name of the corporation shall be: WildSide Entertainment, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10300 49th ST. N  
Suite 135  
Clearwater, FL 33762

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and All Lawful Business

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Michael Herrick President Name and Title: \_\_\_\_\_

Address: 4810 21st Ave S Address: \_\_\_\_\_  
ST. PETERSBURG, FL 33711

Name and Title: GREG SOLOMON - VP Name and Title: \_\_\_\_\_

Address: 8441 Gulf Blvd Address: \_\_\_\_\_  
ST. PETE BEACH, FL 33706

Name and Title: Ruth C. Herrick - Name and Title: \_\_\_\_\_

Address: SECRETARY Address: \_\_\_\_\_  
P.O. Box 903  
Largo, FL 33779

FILED  
15 JAN 27 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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: Michael G. Herrick  
Address: 4810 21st Ave S.  
ST. PETERSBURG, FL 33711

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael G. Herrick  
Address: 4810 21st Ave S.  
ST. PETERSBURG, FL 33711

*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*

Michael G. Herrick  
Required Signature/Registered Agent

01-12-15  
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.*

Michael G. Herrick  
Required Signature/Incorporator

01-12-15  
Date