

PISOUU 16419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

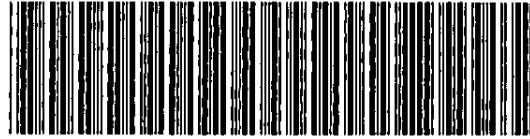
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400269331494

02/13/15--01015--015 **70.00

15 FEB 13 PM 12:20

FEB 18 2015

T. SCOTT

COVER LETTER

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

SUBJECT: Maneki Neko Films 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: Gabriel Schmitz

Name (Printed or typed)

1013 Crane Crest Way

Address

Orlando, FL 32825

City, State & Zip

323-553-2493

Daytime Telephone number

gabe@manekinekofilms.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: Maneki Neko Films Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1013 Crane Crest Way

Orlando, FL 32825

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide production services and create films for TV/theatrical release.

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gabriel Schmitz - President

Name and Title: Tina Yeung - Vice President

Address: 1013 Crane Crest Way
Orlando, FL 32825

Address: 1013 Crane Crest Way
Orlando, FL 32825

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:

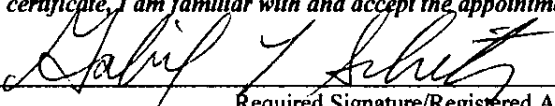
Name: Gabriel Schmitz
Address: 1013 Crane Crest Way
Orlando, FL 32825

ARTICLE VII INCORPORATOR

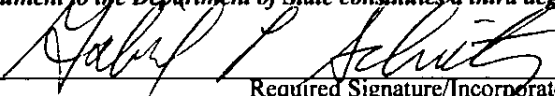
The name and address of the Incorporator is:

Name: Gabriel Schmitz
Address: 1013 Crane Crest Way
Orlando, FL 32825

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

 2/6/2015
Required Signature/Registered Agent 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.

 2/6/2015
Required Signature/Incorporator Date