

PS0000026126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

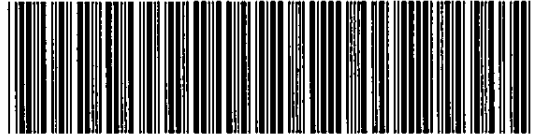
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200270683432

03/17/15--01012--015 **78.75

FILED
15 MAR 17 AM 10:30
STATE OF FLORIDA
TALLAHASSEE

COVER LETTER

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

SUBJECT: **Black Polaroid Cinema 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: **Jeremy Oliphant**

Name (Printed or typed)

18984 NW 57th Ave #206

Address

Hialeah, FL 33015

City, State & Zip

786-285-7556

Daytime Telephone number

barberjaymusic@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: Black Polaroid Cinema Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18984 NW 57th Ave #206

Hialeah, FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct video imagery content for public consumption. To perform services of capturing photo and video.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeremy Oliphant CEO

Name and Title: _____

Address 18984 nw 57th Ave #206

Address: _____

Hialeah, FL 33015

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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15 MAR 17 AM 10:38
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: Jeremy Oliphant

Address: 18984 NW 57th Ave #206

Hialeah, FL 33015

ARTICLE VII INCORPORATOR

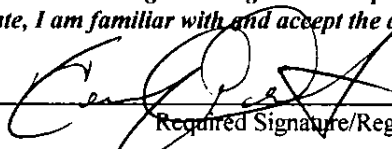
The name and address of the Incorporator is:

Name: Jeremy Oliphant

Address: 18984 NW 57th Ave #206

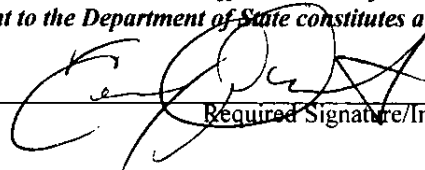
Hialeah, FL 33015

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

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

15 MAR 17 10:33 AM
TALLAHASSEE, FLORIDA
3/12/2015
Date