

P15000029413

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

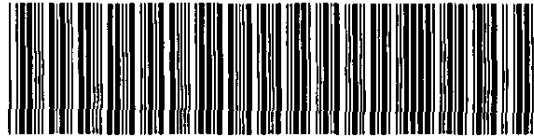
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RECEIVED
DEPARTMENT OF STATE
15 MAR 26 PM 4:25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR 26 AM 8:36

156 = 4/1/15

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 565505 157333A

AUTHORIZATION : 
COST LIMIT : \$ 70.00

ORDER DATE : March 26, 2015

ORDER TIME : 3:31 PM

ORDER NO. : 565505-005

CUSTOMER NO: 157333A

DOMESTIC FILING

NAME: ONE UNIT DISTRIBUTION, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

15 MAR 26 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 27, 2015

CORPORATION SERVICE COMPANY
ATTN: COURTNEY WILLIAMS

RESUBMIT

Please give original
submission date as file date.

SUBJECT: ONE UNIT DISTRIBUTION, INC.
Ref. Number: W15000021392

We have received your document for ONE UNIT DISTRIBUTION, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 315A00006129

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DIVISION OF CORPORATIONS
15 MAR 31 AM 10:51
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

COVER LETTER

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

SUBJECT: One Unit Distribution, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Elliott D. Hefler - Eisenberg Tanchum & Levy LLP
Name (Printed or typed)

707 Westchester Avenue, Suite 300
Address

White Plains, NY 10604
City, State & Zip

(212) 599-0777
Daytime Telephone number

EHeffler@etllaw.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 26 AM 8:36

FILED

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)

FILED

15 MAR 26 AM 8:36

ARTICLE I NAME

The name of the corporation shall be: One Unit Distribution, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3930 Hardie Avenue

Miami, Florida 33133

Mr. Shakin Compere

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To distribute and otherwise commercially exploit films and other intellectual property.

ARTICLE IV SHARES

The number of shares of stock is: 200 (Two-Hundred)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shakin Compere-President Name and Title: _____

Address 3930 Hardie Avenue Address: _____

Miami, Florida 33133 _____

Name and Title: Dana Owen-Vice President Name and Title: _____

Address c/o Bahar Atvur Address: _____

10202 W. Washington Blvd. _____

Poitier Bldg. 2nd Floor _____

Culver City, CA 90232 _____

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Elliott D. Hefler
Address: 707 Westchester Avenue, Suite 300
White Plains, NY 10604

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
Corporation Service Company

By: Courtney Williams 03.31.15
Required Signature/Registered Agent Asst. Vice President 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.

Elliott D. Hefler 3/25/15
Required Signature/Incorporator Date

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TALLAHASSEE, FLORIDA