

P15000054410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

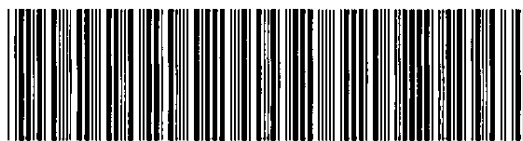
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JUL 1 2015

W115-38870

WMD 6/26



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 3, 2015

ANGELICA ZADAK  
3161 SW 116TH AVE.  
DAVIE, FL 33330

SUBJECT: THIS IS IMPROV, INC.  
Ref. Number: W15000038870

We have received your document for THIS IS IMPROV, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

|                              |         |
|------------------------------|---------|
| Filing Fees                  | \$35.00 |
| Registered Agent Designation | \$35.00 |
| Certified Copy               | \$8.75  |
| Certificate of Status        | \$8.75  |

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: 715A00011678

## COVER LETTER

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

**SUBJECT:** This Is Improv, 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:** Angelica Zadak

\_\_\_\_\_  
Name (Printed or typed)

3161 SW 116 Ave

\_\_\_\_\_  
Address

Davie, Florida 33330

\_\_\_\_\_  
City, State & Zip

954-891-1373

\_\_\_\_\_  
Daytime Telephone number

angelica.zadak@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: This Is Improv, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: 15 JUN 22 PM 12:27

3161 SW 116 Ave

Davie, Florida 33330

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Entertainment and Education

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Angelica Zadak President

Name and Title: Alexandra Zadak, Vice President

Address 3161 SW 116 Ave

Address: 3161 SW 116 Ave

Davie, Fl 33330

Davie, Fl 33330

Name and Title: Aimee Zadak, Director

Name and Title: Richard Zadak, Director

Address 3161 SW 116 Ave

Address: 3161 SW 116 Ave

Davie, Fl 33330

Davie, Fl 33330

Name and Title:

Name and Title:

Address

Address:

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: Angelica Zadak \_\_\_\_\_

Address: 3161 SW 116 Ave \_\_\_\_\_

Davie, Fl 33330 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Angelica Zadak \_\_\_\_\_

Address: 3161 SW 116 Ave \_\_\_\_\_

Davie, Fl 33330 \_\_\_\_\_


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

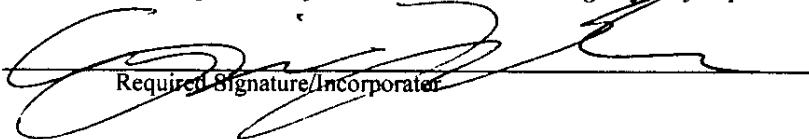
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

5/27/2015  
\_\_\_\_\_  
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.*

  
Required Signature/Incorporator

5/27/2015  
\_\_\_\_\_  
Date