

P15000063165

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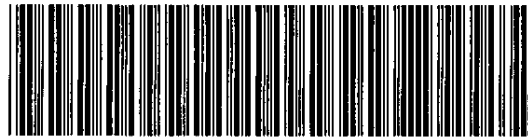
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUL 27 PM 2:19

7/28/15 CH

COVER LETTER

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

SUBJECT: Studio 7 Casting Productions 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: Donald S. Bailey

Name (Printed or typed)

1211 SW Shoreline Drive Apt 2209

Address

Palm City, Florida, 34990

City, State & Zip

772 - 283 - 0742

Daytime Telephone number

dsb614@bellsouth.net

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: Studio 7 Casting Productions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1211 SW Shoreline Drive Apt 2209

P.O.Box 1259

Palm City, Florida, 34990

Palm City, Florida, 34991

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide casting services for the performing arts and consulting
and other services to businesses and other corporations

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15 JUL 27 PM 2:19

ARTICLE IV SHARES

The number of shares of stock is: 120

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donald S. Bailey - President

Name and Title: _____

Address 1211 SW Shoreline Drive-Apt 2209

Address: _____

Palm City, Florida,

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Donald S. Bailey

Address: 1211 SW Shoreline Drive - Apt 2209

Palm Beach, Florida, 34990

ARTICLE VII INCORPORATOR

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

Name: Donald S. Bailey

Address: 1211 SW Shoreline Drive

Palm City, Florida, 34990

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

Donald S Bailey
Required Signature/Registered Agent

7/24/2015
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.

Donald S Bailey
Required Signature/Incorporator

7/24/2015
Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2015

DONALD BAILEY
1211 SW SHORELINE DRIVE APT 2209
PALM CITY, FL 34990

SUBJECT: ADMINISTRATIVE SERVICES OF FLORIDA, INC.
Ref. Number: W15000044725

RECEIVED
15 JUL 27 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ADMINISTRATIVE SERVICES OF FLORIDA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 415A00013771