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Florida Department of State
Division of Corporations
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To:
Division of Corporations
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From:
Account Name : KOEPPPEL LAW GROUP, P.A.
Account Number : 1200700000004
Phone : (561)659-6455
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
GRACEFUL PRODUCTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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Oct. 7, 2015 9:49AM

KOEPEL LAW GROUP 3:50 AM PAGE

1/001

FN0.1929-veP. 2



October 7, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KOEPEL LAW GROUP P.A.

SUBJECT: GRACEFUL PRODUCTIONS, INC.
REF: W15000066521

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return 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.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H15000239834
Letter Number: 315A00021183

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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER

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

SUBJECT: GRACEFUL 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: JOEL P. KOEPEL, ESQ.
Name (Printed or typed)
400 S. AUSTRALIAN AVENUE, SUITE 300
Address
WEST PALM BEACH, FLORIDA 33401
City, State & Zip
(561) 659-6455
Daytime Telephone number
JOEL@KOEPELAWGROUP.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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(((H15000239834 3)))

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:

GRACEFUL PRODUCTIONS, INC.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

400 S. AUSTRALIAN AVE, SUITE 300

WEST PALM BEACH, FL 33401

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: MARKETING.**ARTICLE IV SHARES**

200

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: RACHEL SMITH, PRESIDENT

Name and Title: _____

Address 400 S. AUSTRALIAN AVE, SUITE 300

Address: _____

WEST PALM BEACH, FL 33401

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI. REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JOEL P. KOEPEL, ESQ.
Address: 400 S. AUSTRALIAN AVE. #300
WEST PALM BEACH, FLORIDA 33401

ARTICLE VII. INCORPORATORThe name and address of the Incorporator is:

Name: JOEL P. KOEPEL, ESQ.
Address: 400 S. AUSTRALIAN AVE #300
WEST PALM BEACH, FL 33401

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

10.5.15
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

10.5.15
Date

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