

P.160 000 41864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAY -6 PM 3:30

## COVER LETTER

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAY -6 PM 3:30

**SUBJECT:** Elite Productions Entertainment, 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:** Manuel Campa

Name (Printed or typed)

7423 Bristol Cir

Address

Naples, FL 34120

City, State & Zip

239-289-1040

Daytime Telephone number

manuelcam1@aol.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: Elite Productions Entertainment, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7423 Bristol Cir

Naples FL, 34120

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Promotion and events

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Manuel Campa President

Address 7423 Bristol Cir

Naples, Fl 34120

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Celia Campa Vice President

Address 7423 Bristol Cir

Naples, Fl 34120

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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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: Manuel Campa  
Address: 7423 Bristol Cir  
Naples Fl 34120

**ARTICLE VII INCORPORATOR**

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

Name: Elite Productions Entertainment, INC  
Address: 7423 Bristol Cir  
Naples Fl 34120

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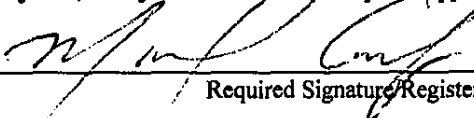
**ARTICLE VIII EFFECTIVE DATE:**

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.)

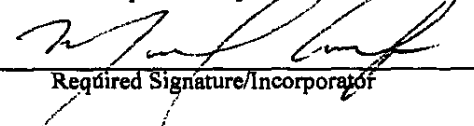
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

4/29/2016  
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

4/29/2016  
Date