

PI6000047883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

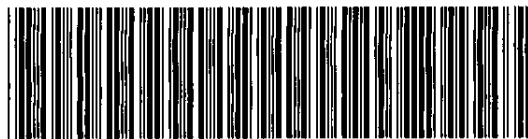
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900286286849

RECEIVED
DEPARTMENT OF STATE
16 JUN -2 PM 2:36

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN -2 PM 2:56

JUN 02 2016
T SCHROEDER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 6/2/16

NAME: RE-MEMBER PRODUCTIONS INC.

TYPE OF FILING: ARTICLES

COST: 78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: RE-MEMBER 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
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: James S. Adams, Esq., Schreck Rose Dapello & Adams LLP

Name (Printed or typed)

5 Columbus Circle, 20th Floor

Address

New York, NY 10019

City, State & Zip

212-832-1657

Daytime Telephone number

jadams@srda.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: RE-MEMBER PRODUCTIONS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

KSDT, 9300 South Dadeland Boulevard, Suite 600

Miami, FL 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brandon Flynn, Director

Name and Title: _____

Address KSDT, 9300 South Dadeland Boulevard
Suite 600
Miami, FL 33156

Address: _____

Name and Title: Brandon Flynn, President

Name and Title: _____

Address KSDT, 9300 South Dadeland Boulevard
Suite 600
Miami, FL 33156

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
16 JUN -2 PM 2:56
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

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: Paracorp Incorporated
Address: 155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James S. Adams, Esq.
Address: Schreck Rose Dapello & Adams LLP
5 Columbus Circle, 20th Fl., NY NY 10019

FILED
16 JUN -2 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Paracorp Incorporated

By: see attached

Required Signature/Registered Agent

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

6/2/16
Date

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

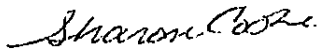
DATE: June 2, 2016

ENTITY NAME: RE-MEMBER PRODUCTIONS INC.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Sharon Cooke, Assistant Secretary
Paracorp Incorporated

FILED
16 JUN -2 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA