

P16000048269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

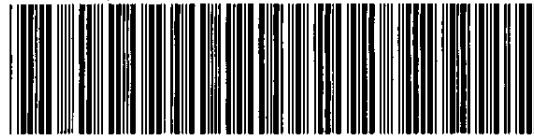
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/06/16---01001---005 **70.00

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DEPARTMENT OF STATE
16 JUN -3 PM 2:49

16 JUN -3 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

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

SUBJECT: 701 Studios 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: Jeremy Robinson
Name (Printed or typed)

770 Appleyard Dr Apt 10e
Address

Tallahassee, FL, 32304
City, State & Zip

850 - 480 - 0478
Daytime Telephone number

JRobinson2352@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: 701 studios inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

770 Appleyard Dr
Tallahassee, FL, 32304

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 45

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles A. Robinson Name and Title: Jeremy D. Robinson

Address: 770 apple yard dr Apt 10e Address: 770 apple yard dr Apt 10e
Tallahassee, FL, 32304 Tallahassee, FL, 32304

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

16 JUN -3 PM 3:03
SECRETARY
TALLAHASSEE, 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: Jeremy Robinson

Address: 770 Appleyard Dr Apt 10 e
Tallahassee, FL, 32304

ARTICLE VII INCORPORATOR

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

Name: Jeremy Robinson

Address: 770 Appleyard Dr Apt 10 e
Tallahassee, FL, 32304

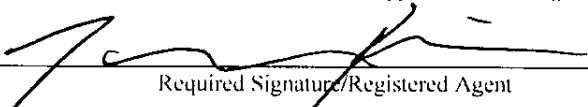
ARTICLE VIII EFFECTIVE DATE:

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

6/3/2016
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

6/3/2016
Date