P16000053626

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	→ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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06/17/16--01004--008 **78.75

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COVER LETTER

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

UBJECT:	SPRINGTIM	F PRODUCERS	CORPORATIO
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
closed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00	⊠ \$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee.
g : ee	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
	PNILIP BEX Nam 7768 LAKESIOE		<u>'5</u>
_ <i>__</i>	City	38434 State & Zip	
_	561 - 347 - Daytime 1	2227 Telephone number	4.31
	BEST DE ASC BULL PROPERTY	d for future annual report	AILacom
	E-mail address: (to be use	d 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)

The name of the corpo	ration shall be:	SPRINGTI	ME	PRODUCERS	CORPORATION
RTICLE II PRI	NCIPAL OFFICE Principal <u>street</u> addres S/DE BLVD	s		Mailing address, if different is:	
SUITE SUS					
_	N, FL. 334				
RTICLE III PUR	•				
	E AN AGE	_			
	B N N N CERT	G/ FOR FE	() W (4)	SICS F PINCE	5 M
					3
		and Market 1			33
	,				□ # <u>'</u>
Name and T	itle: PAIAIP BA	ELOUS (PRES)			
Address	•	ine Blud.	Address:		
	Suite SHS		1,	·	
	DOGA BRID	W, FX, 33434	4		
Name and Ti	le: SUZZADNE F	(y121) 1	Name and T	itle: SECRETAR	Y + TREASURE
Address	11936 BER	DETT RD	Address:		
OAK WILL	OAK NILL,	VA. 20171			
Name and Ti	le:	1	Name and T	itle:	
Address					

Name and Titl	e: Name and Title:	
Address	Address:	
ARTICLE VI REGI	STERED AGENT street address (P.O. Box NOT acceptable) of the registered agent is:	,
Name:	PAILIP BELOUS Philip Belova	
Address: 2	168 LAKESIDE BLUD. HENS	
_2	PORT RATON, FL. 33434	27) A
ARTICLE VII INCO	<u>DRPORATOR</u>	na 10 195
	of the Incorporator is:	
Name:	PNILIB BELOUS Philip Below	T ()
Address:	7768 LAKESIDE BLUD. #545	
	BOGA RATOD, FX. 33434	
(If an effective date is days after the filing.)	than the date of filing: (OPTIONAL) listed, the date must be specific and cannot be more than five business days prior or 9	
	ted in this block does not meet the applicable statutory filing requirements, this date will no ve date on the Department of State's records.	t be listed as
this certificate, I am fa	s registered agent to accept service of process for the above stated corporation at the place miliar with and accept the appointment as registered agent and agree to act in this capacity	
Philip	Required Signature/Registered Agent Date Required Signature/Registered Agent	, 126 te
	at and affirm that the facts stated herein are true. I am aware that the false information states of State constitutes a third degree felony as provided for in s.817.155, F.S.	submitted in a
Philip Required S	Below PHILIP BELOUS 6/13 ignature/Incorporator	/12 ate