

P16000071513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

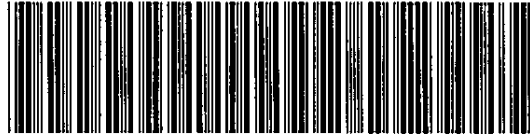
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/31/16--01003--003 **105.00

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16 AUG 31 AM 9:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2016

CRAIG JOHNSON
AG ONE FINANCIAL INC
210 3RD AVE SOUTH
JACKSONVILLE BEACH, FL 32250

SUBJECT: MVH PRODUCTIONS INC
Ref. Number: W16000057051

We have received your document for MVH PRODUCTIONS INC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$105.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 816A00017387

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: MVH PRODUCTIONS INC

Name of Resulting Florida Profit Corporation

- The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

CRAIG JOHNSON

Contact Person

AG ONE FINANCIAL INC

Firm/Company

210 3RD AVE SOUTH

Address

JACKSONVILLE BEACH FL 32250

City, State and Zip Code

TAXES@AG1FINANCIAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRAIG JOHNSON

at (904) 429-4748

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees	☐ \$113.75 Filing Fees and Certificate of Status	☐ \$113.75 Filing Fees and Certified Copy	☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status
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STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

16 AUG 31 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

MVH PRODUCTIONS LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on 9/1/2010

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

MVH PRODUCTIONS INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 4/1/2016

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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.

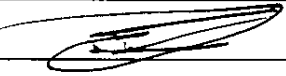
Signed this 21ST day of JULY, 2016.

Required Signature for Florida Profit Corporation:

Signature of Chairman, ~~Vice Chairman~~, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: 

Printed Name: TIMOTHY DRISCOLL Title: PRESIDENT

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: 

Printed Name: TIMOTHY DRISCOLL Title: MGRM

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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: MVH PRODUCTIONS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
3368 PICKWICK DR S

JACKSONVILLE FL 32257

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TIMOTHY DRISCOLL PRESIDENT

Address: 3368 PICKWICK DR S

JACKSONVILLE FL 32257

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

16 AUG 31 AM 9:24
STATE OF FLORIDA
TALLAHASSEE

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

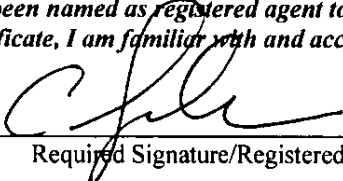
Name: AG ONE FINANCIAL INC
Address: 210 3RD AVE SOUTH
JACKSONVILLE BEACH FL 32250

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TIMOTHY DRISCOLL
Address: 3368 PICKWICK DR S
JACKSONVILLE FL 32257

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

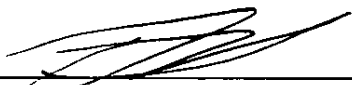


Required Signature/Registered Agent

7/21/16

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

7/21/16

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA