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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

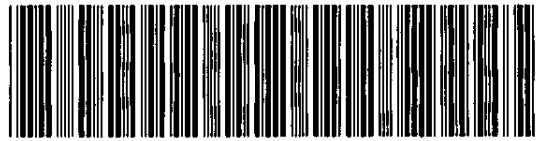
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF REVENUE

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DEPARTMENT OF REVENUE

COVER LETTER

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

SUBJECT: Matchone 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:

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>			

FROM: Maurice Bettes  
Name (Printed or typed)

9206 Holtun St  
Address

Tallahassee FL 32310  
City, State & Zip

850 692-1573  
Daytime Telephone number

Matchone Productions@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: Mitchone Productions, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address  
2206 Holmst  
Tallahassee FL 32310

Mailing address, if different is:  
same as

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: business Any Lawful

ARTICLE IV SHARES

The number of shares of stock is: 105

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: N/A  
Address: \_\_\_\_\_

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

Name and Title: CEO Maurice Bates  
Address: 2206 Holmst  
Tallahassee FL 32310

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

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

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

16 DEC 2 11 11:23  
SEC. OF STATE  
TALLAHASSEE, FL  
CORP. DIV.

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: Maurice Bates  
Address: 2206 Holthead St  
Tallahassee FL

**ARTICLE VII INCORPORATOR**

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

Name: Maurice Bates  
Address: 2206 Holthead St  
Tallahassee FL 32310

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: Jan 1, 2017 (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*

M. Bates  
Required Signature/Registered Agent

12-21-16  
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.*

M. Bates  
Required Signature/Incorporator

12-21-16  
Date