

P 17000019961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

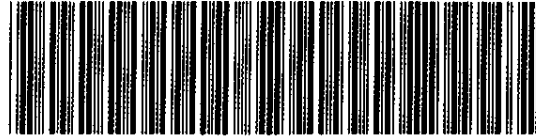
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/07/17--01008--011 **300.00

C. GOLDEN

MAR - 7 2017

DEPARTMENT
17 MAR - 7 AM 11:00

SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

3-7-17

Name:	HOME TEAM PRODUCTIONS, INC
Document #:	
Order #:	KUNA UCS

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing:	<input checked="" type="checkbox"/>	Certified:	<input type="checkbox"/>
		Plain:	<input checked="" type="checkbox"/>
		COGS:	<input type="checkbox"/>

Availability	_____
Document	_____
Examiner	_____
Updater	_____
Verifier	_____
W.P. Verifier	_____
Ref#	_____

Amount: \$ 70.00

2017 MAR 7 00:14:58
FBI - TALLAHASSEE

Thank you!

COVER LETTER

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

SUBJECT: HOME TEAM 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: United Corporate Services, Inc. ATTN: Maria R. Fischetti

Name (Printed or typed)

501 7th Avenue, Ste. 408

Address

New York, NY 10018

City, State & Zip

914-949-9188

Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

RECEIVED
TALLAHASSEE
FLORIDA
JAN 11 2017

2017 JAN 11 11:58

1-1-17

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: HOME TEAM PRODUCTIONS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

44 Fullerwood Drive, St. Augustine, Florida 32804

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to engage in any lawful act or activity for which corporations may be

organized under the corporation laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Victor Zimet, President

Address 44 Fullerwood Drive

St. Augustine, Florida 32804

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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: Victor Zimet
Address: 44 Fullerwood Drive
St. Augustine, FL 32804

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Victor Zimet
Address: 44 Fullerwood Drive
St. Augustine, FL 32804

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
12/1/2016
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
12/1/2016
Date