

P17000078500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

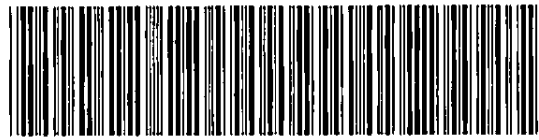
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200303822852

09/29/17--01008--015 **78.80

17 SEP 29 PM 15

SEP 29 2017 15

RECEIVED

FILED

COVER LETTER

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

SUBJECT: Matchone Vision 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: Maurice Bates
Name (Printed or typed)

2206 Milton St
Address

Tallahassee FL 32310
City, State & Zip

903 322-3092
Daytime Telephone number

Maurice Bates 86 E. Main - CSB
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: Matchone Vision Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
2206 Holtz St
Tallahassee, FL 32300

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: video production productions

ARTICLE IV SHARES

The number of shares of stock is: 100

2017 SEP 15 11:05 AM
CLERK OF COURT
TALLAHASSEE, FL

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maureen Butler CEO Name and Title: _____

Address 2206 Holtz St Address: _____

Tallahassee FL 32310 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ 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: Maurice Bates
 Address: 2206 Holtan St
Tallahassee FL 32310

FILED
 2017 SEP 29 11:02:15
 441

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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

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 days prior or 90 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

Maurice Bates
 Required Signature/Registered Agent

9/29/17
 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.

Maurice Bates
 Required Signature/Incorporator

9/29/17
 Date