

P18000017300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

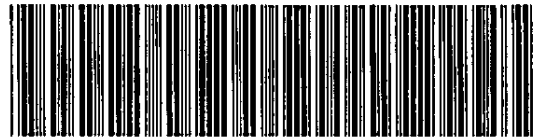
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D O'KEEFE  
FEB 22 2018

W18-2210



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 9, 2018

WILLIAM H. PANKO  
4001 SANTA BARBARA BLVD.  
NAPLES, FL 34104

SUBJECT: SOVEREIGN RIGHT HAND THRONE FILMS INC.  
Ref. Number: W18000002210

We have received your document for SOVEREIGN RIGHT HAND THRONE FILMS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 618A00000555

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TALLAHASSEE, FLORIDA

**COVER LETTER**

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

SUBJECT: SOVEREIGN RIGHT HAND THRONE FILMS 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: WILLIAM H. PANKO  
Name (Printed or typed)

4001 SANTA BARBARA BLVD. # 400  
Address

NAPLES, FL 34104  
City, State & Zip

312-656-8300  
Daytime Telephone number

William@sovereignrightf.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: SOVEREIGN RIGHT HAND THRONE FILMS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4001 SANTA BARBARA BLVD # 400
NAPLES, FL 34104

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PRODUCE AND MANUFACTURE INSPIRED, CUTTING-EDGE,
BIG-BUDGET, FAITH-BASED, FEATURE LENGTH FILMS
FOR NATIONAL THEATRICAL RELEASES AND DISTRIBUTED
AS HIGH-QUALITY DVDS, AND STREAMED VIA INTERNET.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILLIAM H. PANKO Name and Title:

Address: PRESIDENT Address:

4001 SANTA BARBARA BLVD # 400
NAPLES, FL 34104

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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TALLAHASSEE, FLORIDA

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: WILLIAM H. PANKO  
Address: 4001 SANTA BARBARA BLVD. # 400  
NAPLES, FL 34104

**ARTICLE VII INCORPORATOR**

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

Name: WILLIAM H. PANKO  
Address: 4001 SANTA BARBARA BLVD. # 400  
NAPLES, FL 34104

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/25/2018 (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*

*William H. Panko* \_\_\_\_\_ 1/25/2018  
Required Signature/Registered Agent 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.*

*William H. Panko* \_\_\_\_\_ 1/25/2018  
Required Signature/Incorporator Date