

P2 0000015192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

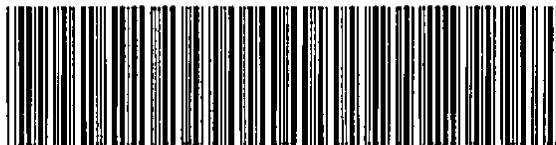
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FEB 24 2020

T. SCOTT



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FILED
FEB 12 2020
FEB 12 2020

2020 FEB 12 PM 5:06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2020

RUBIN STUPPEL
20335 VENTURA BLVD #203
WOODLAND HILLS, CA 91364

SUBJECT: ADIMATION STUDIOS INC.
Ref. Number: W20000014539

We have received your document for ADIMATION STUDIOS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 220A00003163

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: ADIMATION STUDIOS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

888 BISCAYNE BLVD Apt 2209
MIAMI FL 33132

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: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YEMUDA DONNA DIRECTOR Name and Title: _____

Address 888 BISCAYNE BLVD Address: _____
Apt 2209
MIAMI FL 33132

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2020 FEB 12 PM 5:00

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: Emil Soffer
Address: 888 BISCAYNE BLVD #2209
MIAMI, FL 33132

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RUBIN STUPEL
Address: 20335 VENTURA BLVD #203
WOODLAND HILLS CA 91364

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

Emil Soffer
EMIL SOFFER Required Signature/Registered Agent

1/13/2020
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.

Rubin Stupel
Required Signature/Incorporator
RUBIN STUPEL

1/13/2020
Date