

P20000049416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

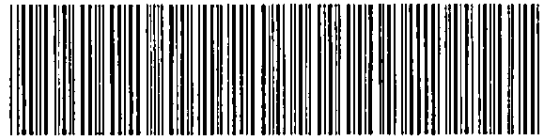
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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FILED  
2020 JUL -8 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FL

N CULLIGAN

JUL 9 2020

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 7/8/2020

**\*\*WALK IN\*\***

ENTITY NAME DF STUDIOS 407 INC.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXX \_\_\_\_\_

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 70<sup>-</sup>

ACCOUNT # 120160000072

*mic SW*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

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

SUBJECT: **DF Studios 407 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: **ZenBusiness PBC**  
Name (Printed or typed)  
**702 San Antonio St., 4th Floor**  
Address  
**Austin, TX 78701**  
City, State & Zip  
**844-493-6249**  
Daytime Telephone number  
**support@registeredagentsinc.com**  
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME  
The name of the corporation shall be: DF Studios 407 Inc.

ARTICLE II PRINCIPAL OFFICE  
Principal street address

SECRETARY OF STATE  
TALLAHASSEE, FL  
Mailing address, if different is:

8028 NW 15th Manor  
Plantation, FL 33322

ARTICLE III PURPOSE  
The purpose for which the corporation is organized is: Photography Model Management

ARTICLE IV SHARES  
The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Danzel Freelove, President  
Address: 8028 NW 15th Manor  
Plantation, FL 33322

Name and Title:   
Address:

Name and Title: Danzel Freelove, Treasurer  
Address: 8028 NW 15th Manor  
Plantation, FL 33322

Name and Title:   
Address:

Name and Title: Danzel Freelove, Secretary  
Address: 8028 NW 15th Manor  
Plantation, FL 33322

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: Registered Agents Inc.  
Address: 7901 4th St N STE 300  
St. Petersburg FL 33702

**ARTICLE VII INCORPORATOR**

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

Name: Danzel Freelove  
Address: 8028 NW 15th Manor  
Plantation, FL 33322

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TALLAHASSEE, FL

**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*



Registered Agents Inc.

Bill Havre - Assistant Secretary

06/30/2020

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.*

/s/ Danzel Freelove

Required Signature/Incorporator

06/30/2020

Date