

P2100000 9661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

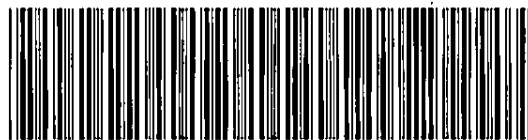
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 FEB -4 PM 12:20

2021 FEB -4 PM 1:25

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 2/4/21

****WALK IN****

ENTITY NAME Untamed Photographer, Inc.

DOCUMENT NUMBER _____

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

xxx

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 \$ 7075

ACCOUNT # I20140000108
United Corporate
Services, Inc.

Keith Leppard

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

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

SUBJECT: Untamed Photographer, 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: Dolores Burton, c/o United Corporate Services, Inc.

Name (Printed or typed)

100 State Street, Suite 800

Address

Albany, NY 12207

City, State & Zip

877-894-9049

Daytime Telephone number

Burge@ruppbaase.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 FOR FLORIDA PROFIT BENEFIT CORPORATION

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

ARTICLE I NAME

The name of the benefit corporation shall be: Untamed Photographer, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
c/o Rupp Baase Pfalzgraf Cunningham LLC
1600 Liberty Building, 424 Main Street
Buffalo, NY 14202

Mailing address, if different is:

ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

To sell and produce high end photographic prints from artists working with wildlife in their natural habitat.

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

ARTICLE IV SHARES

The number of shares of stock is: 200 npv

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: Mark Wilkins-Director

Address: c/o Rupp Baase Pfalzgraf Cunningham LLC
1600 Liberty Building, 424 Main Street
Buffalo, NY 14202

Name and Title: Rebecca Badger-Director

Address: c/o Rupp Baase Pfalzgraf Cunningham LLC
1600 Liberty Building, 424 Main Street
Buffalo, NY 14202

Name and Title: Harry Wilkins-Director

Address: c/o Rupp Baase Pfalzgraf Cunningham LLC
1600 Liberty Building, 424 Main Street
Buffalo, NY 14202

Name and Title: Amy Peters-Director

Address: c/o Rupp Baase Pfalzgraf Cunningham LLC
1600 Liberty Building, 424 Main Street
Buffalo, NY 14202

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name : _____ Name: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: United Corporate Services, Inc. _____

Address: 9200 South Dadeland Blvd-Ste. 508 _____

Miami, FL 33156 _____

ARTICLE VII INCORPORATOR

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

Name: Diane Damiano _____

Address: 100 State Street, Suite 800 _____

Albany, NY 12207 _____

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

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

Michael A. Barr _____

Required Signature/Registered Agent

2/3/21

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.

Diane Damiano _____

Required Signature/Incorporator

Date

2/3/21