

Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

Jenkins Productions USA, Corp

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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Corporate Filing Menu

Help

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

ARTICLE I NAMEThe name of the corporation shall be: Jenkins Productions USA, Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

565 NE 66th Street Apt 2Miami, FL 33138Same**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Production**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS:**Name and Title: Robert Powers, President

Name and Title: _____

Address: 565 NE 66th Street Apt 2

Address: _____

Miami, FL 33138

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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CLERK OF STATE
ALL AMENDED FORMS

LCL

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Robert Powers

Address: 565 NE 66th Street Apt 2

Miami, FL 33138

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Robert Powers

Address: 565 NE 66th Street Apt 2

Miami, FL 33138

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.*

Robert Powers

Required Signature/Registered Agent

27 July 2022

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.

Robert Powers

Required Signature/Incorporator

27 July 2022

Date

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DEPT. OF STATE

MIAMI, FLORIDA

LED