

722000076800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

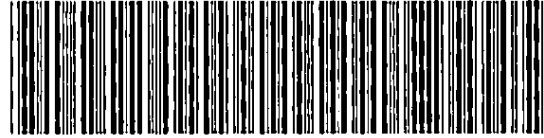
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/06/22--01005--005 **70.00

FILED
2022 OCT -6 AM 10:54
TALLAHASSEE, FLORIDA

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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: Silver Productions 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:

Joel Silver
Name (Printed or typed)

PO Box 20782
Address

Tallahassee, FL 32316
City, State & Zip

850-509-6566
Daytime Telephone number

jsilver@silvervideo.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: Silver Productions, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

201 W Park Ave.
Tallahassee, FL 32301

PO Box 20782
Tallahassee, FL 32316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

Please add FEIN #
04-3720363

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joe Silver (Pres)

Name and Title: _____

Address

PO Box 20782
Tallahassee, FL 32316

Address: _____

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: Ronald Silver

Address: 2031 NE 209 Street
North Miami Beach, FL 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joel Silver

Address: PO Box 20782
Tallahassee, FL 32316

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TALLAHASSEE, FLORIDA

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

Required Signature/Registered Agent

10/6/22
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.

Required Signature/Incorporator

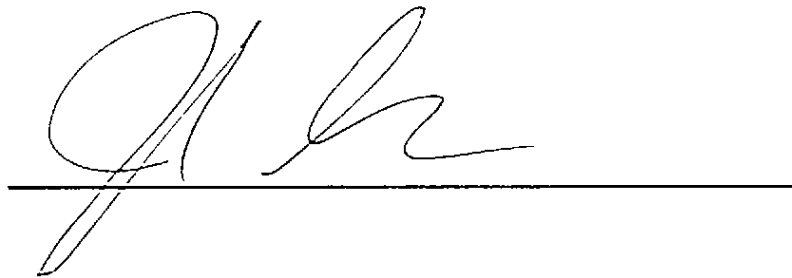
10/6/22
Date

I, Joel Silver WILL NOT REINSTATE NOR

REVOKE THE DISSOLUTION OF Silver Productions, Inc.

DOCUMENT NUMBER P19000019182 AND I

RELEASE THE NAME FOR USE.

A handwritten signature, likely "Joel Silver", is written over a horizontal line.

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CLERK OF COURT
TALLAHASSEE, FLORIDA