

P23000072954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

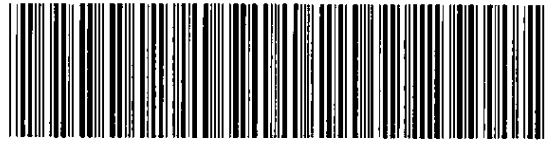
(Business Entity Name)

(Document Number)

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

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Office Use Only



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10/06/23--01028--011 \*\*78.75

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KORIE MASTIN  
13115 CHOPTANK ROAD  
MIDDLE RIVER MARYLAND 21220  
MASTINPROD@ICLOUD.COM  
(786) 910-3114  
09/27/2023

SECRETARY OF STATE  
2415 N MONROE STREET SUITE 810  
TALLAHASSEE FLORIDA 32303

**SUBJECT: REQUEST FOR RELEASE OF BUSINESS NAME - CANDID CAPTURE**

DEAR SIR/MADAM,

I AM WRITING TO REQUEST THE RELEASE OF THE BUSINESS NAME "CANDID CAPTURE," WHICH WAS PREVIOUSLY REGISTERED UNDER MY OWNERSHIP. I AM THE FORMER OWNER OF THIS ENTITY AND HAVE NO INTENTIONS OF REINSTATING IT. INSTEAD, I AM IN THE PROCESS OF CREATING A NEW ENTITY AND WOULD LIKE TO USE THE NAME "CANDID CAPTURE" FOR MY NEW VENTURE.

PLEASE FIND BELOW THE RELEVANT DETAILS RELATED TO MY REQUEST:

**PREVIOUS BUSINESS INFORMATION:**

BUSINESS NAME: CANDID CAPTURE INC.  
ENTITY TYPE: CORPORATION  
DOCUMENT NUMBER P22000083936

**NEW BUSINESS INFORMATION:**

PROPOSED BUSINESS NAME: CANDID CAPTURE INC.  
ENTITY TYPE: CORPORATION

(NEW ARTICLES OF ORGANIZATION WILL BE INCLUDED PACKET THIS WAS MAILED IN)

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**STATEMENT OF INTENT:**

I AFFIRM THAT I AM THE PREVIOUS OWNER OF "CANDID CAPTURE," AND I HAVE NO PLANS TO REINSTATE OR CONTINUE THE PREVIOUS ENTITY UNDER THIS NAME. MY REQUEST IS TO RELEASE THE NAME "CANDID CAPTURE" SO THAT I CAN USE IT FOR MY NEW BUSINESS ENTITY WITHOUT ANY LEGAL CONFLICTS.

**CONTACT INFORMATION:**

MY CONTACT DETAILS REMAIN THE SAME AS MENTIONED ABOVE, AND I CAN BE REACHED AT MASTINPROD@ICLOUD.COM AND (786) 910-3114 FOR ANY FURTHER INFORMATION OR CLARIFICATION.

I UNDERSTAND THAT THE RELEASE OF A BUSINESS NAME IS SUBJECT TO THE POLICIES AND PROCEDURES OF THE FLORIDA SECRETARY OF STATE'S OFFICE. IF THERE ARE ANY FEES OR ADDITIONAL DOCUMENTATION REQUIRED TO PROCESS THIS REQUEST, PLEASE INFORM ME, AND I WILL PROMPTLY COMPLY WITH THE NECESSARY REQUIREMENTS.

I KINDLY REQUEST YOUR PROMPT ATTENTION TO THIS MATTER, AS I AM EAGER TO PROCEED WITH MY NEW BUSINESS VENTURE UNDER THE NAME "CANDID CAPTURE." IF YOU REQUIRE ANY ADDITIONAL INFORMATION OR DOCUMENTATION, PLEASE DO NOT HESITATE TO CONTACT ME.

THANK YOU FOR YOUR TIME AND CONSIDERATION.

SINCERELY,



KORIE MASTIN

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## COVER LETTER

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

SUBJECT: Candid Capture 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: Korie Ray Mastin  
Name (Printed or typed)

13115 Choptank Road  
Address

Middle River, Maryland, 21220  
City, State & Zip

(786) 910-3114  
Daytime Telephone number

Mastinprod@Icloud.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)

ARTICLE I NAME

The name of the corporation shall be: Candid Capture INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
8505 Miami Ave  
Miami FL 33130 + 1

Mailing address, if different is:  
13115 Choptank Road

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Idea of paparazzi; for everyone.  
we will capture moments in public  
and allow them to be obtained by our subjects.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kerie mastin CEO Name and Title: \_\_\_\_\_

Address 13115 Choptank Road Address: \_\_\_\_\_  
Middle river MD  
21220

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SEC  
TREASURY  
STATE  
FL

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: Brenda Dowell  
Address: 29129 Sotinston Road  
2523 Pade FL 33523

**ARTICLE VII INCORPORATOR**

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

Name: Koric Mashin  
Address: 13115 Choptank Road  
Middle River MD 21220

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

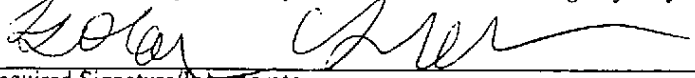
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 9/27/23  
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.*

 9/27/23  
Required Signature/Incorporator Date