

P240000019022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

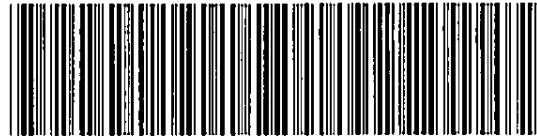
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Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 MAR 18 AM 10:30
STATE OF FLORIDA
TALLAHASSEE, FL

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NS

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)

201 W. Park Ave
Address

Tallahassee, FL 32301
City, State & Zip

850-~~569~~ 877-5006
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.

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STATE
TALLAHASSEE, FL

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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: Silver Productions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

201 W. Park Ave.

PO Box 20782

Tallahassee, FL 32301

Tallahassee, FL 32316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to create video content
for a variety of clients to use on social media,
broadcast, or digital distribution.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joel Silver P Name and Title: _____

Address PO Box 20782 Address: _____
Tallahassee, FL 32316

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, 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: Ronald Silver
Address: 2031 NE 209st
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

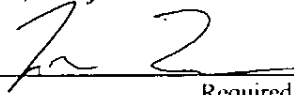
ARTICLE VIII EFFECTIVE DATE:

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


 3/18/24
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.

 3/18/24
Required Signature/Incorporator Date

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I will not revoke or reinstate the dissolution
of Silver Productions, Inc #P22000076800
and I, Joel Silver release the name for
use.

Joel Silver


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20 MAR 18 AM 9:31

CLERK OF STATE
TALLAHASSEE, FL