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(Business Entity Name)

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2024 AUG -2 AM 9:47  
TALLAHASSEE, FL  
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2024 AUG -2 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

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INC

1. MOMENTIC STUDIOS FL PAY, INC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: \_\_\_\_\_

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2024 AUG -2 AM 9:47  
U.S. DISTRICT COURT  
TALLAHASSEE, FL

## COVER LETTER

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

**SUBJECT:** Momentic Studios FL Pay, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Colby Trace  
Name (Printed or typed)  
255 State Street, FL 7  
Address  
Boston, MA 02109  
City, State & Zip  
617-570-3591  
Daytime Telephone number  
cst@riw.com  
E-mail address: (to be used for future annual report notification)

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**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: Momentic Studios FL Pay, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address

Mailing address, if different is:

12575 Faraday Lane

Orlando, FL 32827

**ARTICLE III PURPOSE**

The Corporation is organized to transact any or all lawful business for which corporations may be incorporated under the Florida Business Corporation Act as it now exists or may hereafter be amended or supplemented.

**ARTICLE IV SHARES**

The total number of shares that the Corporation is authorized to issue and have outstanding at any time is one hundred (100), all of which shall be common stock with no par value.

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2021 AUG -26 AM 9:47  
CLERK OF CIRCUIT COURT  
JUDGE: JUDGE J. L. HARRIS  
STATE OF FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Aditya Patel, President

Name and Title: Aditya Patel, Secretary

Address: 12575 Faraday Lane  
Orlando, FL 32827

Address: 12575 Faraday Lane  
Orlando, FL 32827

Name and Title: Aditya Patel, Treasurer

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

Address: 12575 Faraday Lane  
Orlando, FL 32827

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

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

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

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

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

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: REGISTERED AGENT SOLUTIONS, INC.  
Address: 2894 REMINGTON GREEN LN., STE. A  
TALLAHASSEE, FL 32308

**ARTICLE VII INCORPORATOR**

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

Name: Aditya Patel  
Address: 12575 Faraday Lane  
Orlando, FL 32827


**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.)

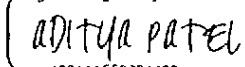
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

 Brian Smith, Asst. Secretary of Registered Agent Solutions, Inc.  
\_\_\_\_\_  
Required Signature/Registered Agent

08/01/2024  
\_\_\_\_\_  
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.*

 ADITYA PATEL  
\_\_\_\_\_  
Required Signature/Incorporator

8/1/2024  
\_\_\_\_\_  
Date

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2024 AUG -2 AM 9:17