

P250000004667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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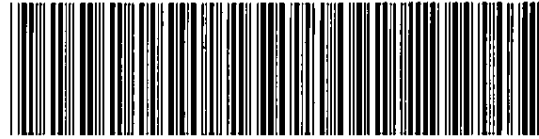
(Business Entity Name)

(Document Number)

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2025 JAN 17 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. LAWRENCE

JAN 17 2025

COVER LETTER

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

SUBJECT: WHIP 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 ☐ \$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: ANGELINE TAN
Name (Printed or typed)

691 S MILPITAS BLVD, STE 212
Address

MILPITAS, CA 95035
City, State & Zip

408-263-1040
Daytime Telephone number

SAGENTOPERATIONS@AGENTMANAGEMENT.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

W. LAWRENCE

JAN 17 2009

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JAN 17 AM 9:12

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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: WHIP PRODUCTIONS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
691 S MILPITAS BLVD, STE 212
MILPITAS, CA 95035

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ARIELLE TAYAR, PRESIDENT

Name and Title: _____

Address 691 S MILPITAS BLVD, STE 212
MILPITAS, CA 95035

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

W. LAWRENCE

JAN 17 2025

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: INCORPORATING SERVICES, LTD, INC.

Address: 1540 GLENWAY DR

TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ARIELLE TAYAR

Address: 691 S MILPITAS BLVD, STE 212

MILPITAS, CA 95035

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

Amanda Archambault On behalf of: Incorporating Services, Ltd.
Amanda Archambault, Assistant Secretary
Required Signature/Registered Agent

1/7/2025

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.

[Signature]
Required Signature/Incorporator

12/4/2024

Date

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2025 JAN 17 AM 9:32
DEPT. OF STATE
TALLAHASSEE, FL 32304

W. LAWRENCE

SECRETARY