Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H21000317640 3)))



H210003176403ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION YES AND AMEN STUDIO, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

3052201440

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is: 9737 NW 41 Street
•	Suite 740
	Doral, Florida 33178
<u> </u>	CLE III SHARES: The number of shares of stock is: 100
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
L.I	anet Fernandez President
— Aı	ntonio Pichardo Vice President
	A CONTRAND CEREUT ADDE
e	name and Florida street address (PO Box not acceptable) of the registered stands for the registe
e :	name and Florida street address (PO Box not acceptable) of the registered a
L L	name and Florida street address (PO Box not acceptable) of the registered a lanet Fernandez
	name and Florida street address (PO Box not acceptable) of the registered a lanet Fernandez 1737 NW 41 Street Suite 740 Doral, Florida 33178
	name and Florida street address (PO Box not acceptable) of the registered allanet Fernandez 737 NW 41 Street Suite 740 Doral, Florida 33178 TICLE VI INCORPORATOR: The name and address of the Incorporation

Required Signatures:

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

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.

Incorporator

Date