N 1400006149

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only

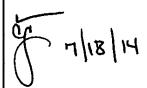
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14 JUL 17 PH 3 31
SECRETARY OF STATE



COVER LETTER

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

SUBJECT: E & C Productions and Marketing Group, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: E & C Productions and Marketing Group Inc.

Name (Printed or typed)

10589 1st. Way N.

Address

St. Petersburg, Fl 33716

City, State & Zip

727-557-9429

Daytime Telephone number

edlatino726@yahoo.com

E-mail address: (to be used for future annual report notification)

TILED SIAN

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



July 7, 2014

E & C PRODUCTIONS INC. 10589 1ST WAY N. ST. PETERSBURG, FL 33716

SUBJECT: E & C PRODUCTIONS INC.

Ref. Number: W14000041652

We have received your document for E & C PRODUCTIONS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 414A00014547



RE

14 Jt 7 17 17 3

SECRE TALLA!

Florida Department of State Division of Corporations

Att

Ms. Claretha Golden - Regulatory Specialist II - New Filling Section

Re

W14000041652

We regard to your letter dated 07/07/2014 # 414A00014547, we are enclosing our application with an addition to the primary name as: E & C Productions and Marketing Group, Inc.

Please feel free to contact us if you need any further information, regards.

Edilberto Morales E & C. Productions and Marketing Group, Inc 727-557-9429

14 JUL 17 PW 3 31
SECRETARY OF STATE
TALLAMASSOE FLORAS

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

The name of the	e corporation shall be: E &C Produc	dions and	Warketing Group inc.	1 / W
ARTICLE II	PRINCIPAL OFFICE		<i>\display</i>	1994 1808 3
1058	Principal <u>street</u> address: 39 1st Way N.	SA	Mailing address, if different is:	(v) (v)
St.	Petersburg Fl. 33716			
cultural h	PURPOSE r which the corporation is organized is: promeritage throuth their music	c, folklore	crafts and of course the	delicious
	ity, through the productio			
	nthat way we can preserv			· · · · · · · · · · · · · · · · · · ·
	the expenses of the event, part			
Alter Cover	the expenses of the event, part	t of the proc	eeds will benefit the charty of	our choice.
through vo		· · · · · · · · · · · · · · · · · · ·	directors are elected and appointed:	_
Name and Title	Carmen Molinelli - President	Name and Title	Dinora Cordoves - Vice President	
Address	10589 1st. Way N	Address:	5125 Rena St. N	
	St. Petersburg, Fl 33716		St. Petersburg, Fl 33709	
Name and Title		Name and Title		
Address	10589 1st. Way N.	Address:		
	St. Petersburg, FI 33716			
Name and Title	:	Name and Title		
Address		Address:		

Name and Title:_		Name and Title:	
Address		Address:	
Name and Title:_		Name and Title:	
Address		Address:	·····
			
ARTICLE VI The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT accept	ptable) of the registered agent is:	
Name:	Edilberto Morales		
Address:	10589 1st. Way N		
	St. Petersburg, Fl 3371	16	
ARTICLE VII The name and add Name:	INCORPORATOR dress of the Incorporator is: Carmen Molinelli		
Address:	10589 1st. Way N	· · · · · · · · · · · · · · · · · · ·	
	St. Petersburg, FI 337	16	
Having been nam certificate, I am fa	ned as registered agent to accept service of millar with and accept the appointment a	of process for the above stated cor s registered agent and agree to act i	poration at the place designated in thi n this capacity 07/15/2014
- Gour	Required Signature of Registered	Agent	Date
	ment and affirm that the facts stated here of State constitutes a third degree felony		se information submitted in a documen
	Sthul		07/15/2014
	Required Signature of Incorp	porator	Date
			FILED 14 JUL 17 PM 3 SECRETARY OF STA FALLAHASSEE, FLOR
			10 A