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**LAZARUS CORPORATE FILING SERVICE**

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(City, State, Zip)

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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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-04/23/01--01070--014

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. GUASTELLA & JOHANET MEDIA INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

RECEIVED  
01 APR 23 AM 11:01  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA  
FILED  
01 APR 23 PM 1:16  
SECRETARY OF STATE

Examiner's Initials

## ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

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01 APR 23 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE I - NAME

The name of the corporation shall be:

GUASTELLA & JOHANET

MEDIA Inc.

### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

2722 SW 37 Ave  
Coral Gables, FL 33133

### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

### ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS


The name and address of the initial registered agent is:

Ana Maria Samitier  
2722 SW 37 Ave  
Coral Gables, FL 33133

**ARTICLE V - INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is: Ana Maria Samitier

The undersigned incorporator has executed these Articles of Incorporation this 20 day of April 2001

  
Signature

**ARTICLE VI- DIRECTOR(S)**

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

- (T) Ana Maria Samitier  
8585 SW 152 Ave #232  
MIAMI, FL 33193
- (P) Ana Maria S. Johant  
1320 Alhambra Circle  
Coral Gables, FL 33146
- (VP) MARTA GUASTELLA  
Calle Ebano 1469  
CAPARRA Heights, P. R. 00920

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE**

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
Registered Agent Signature

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CLERK OF STATE  
TALLAHASSEE FLORIDA