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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

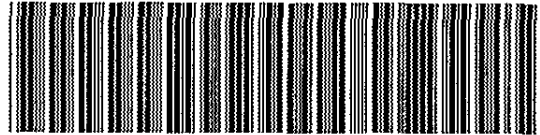
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT: PUCO ENTERTAINMENT, 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: CAPULCO PERALTE  
Name (Printed or typed)

56 N.W. 68TH ST.  
Address

MIAMI, FL. 33150  
City, State & Zip

305.807.9366  
Daytime Telephone number

**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:

*PUCO ENTERTAINMENT, INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*56 N.W. 68TH ST.  
MIAMI, FL. 33150*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*RECORD AND FILM COMPANY*

**ARTICLE IV SHARES**

The number of shares of stock is:

*25,000 SHARES AT \$1.00 PER VALUE STOCK*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

*CAPULCO PERALTE / C.E.O.  
56 N.W. 68TH ST.  
MIAMI, FL. 33150*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

*CAPULCO PERALTE  
56 N.W. 68TH ST.  
MIAMI, FL. 33150*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*CAPULCO PERALTE  
56 N.W. 68TH ST.  
MIAMI, FL. 33150*

\*\*\*\*\*

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

*Capulco Peralte*  
\_\_\_\_\_  
Signature/Registered Agent

*10-29-02*  
\_\_\_\_\_  
Date

*Capulco Peralte*  
\_\_\_\_\_  
Signature/Incorporator

*10-29-02*  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA