03000047709

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
,	
(Document Number)	—
(Baseline), rampel,	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	1

Office Use Only



400012235404

02/18/03--01039--004 **78.75

FILED

30 AN 9: 19

SEC LIBER SEC FLORIDA

TRANSMITTAL LETTER

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

(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
inal and one (1) copy of the arti	cles of incorporation and	d a check for:
☑ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
CARLOS M. BALDO	(Printed or typed)	
635 N. UNIVERSITY DR.	address	
PLANTATION, FL. 33324	State & Zip	
954-974-4673	elephone number	
	inal and one (1) copy of the arti \$78.75 Filing Fee & Certificate of Status CARLOS M. BALDO Name (1) 635 N. UNIVERSITY DR. PLANTATION, FL. 33324 City, 954-974-4673	inal and one (1) copy of the articles of incorporation and \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certificate of Status \$ADDITIONAL CO CARLOS M. BALDO Name (Printed or typed) 635 N. UNIVERSITY DR. Address PLANTATION, FL. 33324 City, State & Zip

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



FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

February 20, 2003

CARLOS M. BALDO 635 N UNIVERSITY DR PLANTATION, FL 33324

SUBJECT: SIN STRESS ONC. Ref. Number: W03000005011

We have received your document for SIN STRESS ONC. and your check(s) totaling \$78.75. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the 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) 245-6925.

Letter Number: 503A00011281

Cynthia Blalock Document Specialist New Filing Section

ARTICLES OF INCORPORATION

FILED

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

03 APR 30 AM 9: 20

ARTICLE I NAME

SEUNE MAIN OF STATE TALLAHASSEE, FLORIDA

The name of the corporation shall be:

SIN STRESS TV SHOW INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6041 KIMBERLY BLVD. SUITE E, F & G. NORTH LAUDERDALE, FL. 33068

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ADVERTISING, MEDIA, TV PRODUCTION AND ANY OTHER LEGAL ACTIVITY RELATED

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

OSCAR J. PEREZ, 6120 N.W 116th. #413, MIAMI, FL. 33178. DIRECTOR CARLOS M. BALDO, 635 N. UNIVERSITY BLVD., PLANTATION, FL. 33324. DIRECTOR JOSE A. BALDO, 5540 N.W. 31st. Ave. #311, FT. LAUDERDALE, 33309. DIRECTOR LUIS JERONIMO TERIKE; 14159 S.W. 32nd STREET, MIRAMAR, FL. 33027. DIRECTOR. RODMAN J. ARMAS, 1000S. OCEAN BLVD., POMPANO BEACH, FL 33064. DIRECTOR.

ARTICLE VI REGISTERED AGENT

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

CARLOS M. BALDO, 635 N. UNIVERSITY BLVD., PLANTATION, FL. 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARLOS M. BALDO, 635 N. UNIVERSITY BLVD., PLANTATION, FL. 33324

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

Signature/Registered Agent

Signature/Incorporator

Date '

Date