

P030000 83/98

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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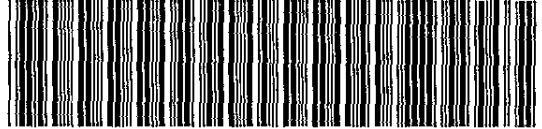
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓
6-1-30

TRANSMITTAL LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUL 24 PM 2:20

FILED

SUBJECT: Mota Productions, 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: Christina Sanchez
Name (Printed or typed)

1825 Ponce de Leon Blvd. #126
Address

Coral Gables FL 33134
City, State & Zip

(305) 778-6690
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:

Mota Productions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1825 Ponce de Leon Blvd. Suite 126
Coral Gables FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Television Production Company

ARTICLE IV SHARES

The number of shares of stock is:

1,000 par value common stock (\$.10 ea)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Christina Sanchez
President/Secretary
1825 Ponce de Leon Blvd. #126
Coral Gables FL 33134

ARTICLE VI REGISTERED AGENT

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

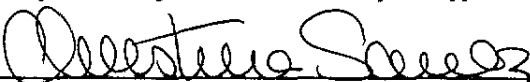
Christina Sanchez
1825 Ponce de Leon Blvd. #126
Coral Gables FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Christina Sanchez
1825 Ponce de Leon Blvd. #126
Coral Gables FL 33134

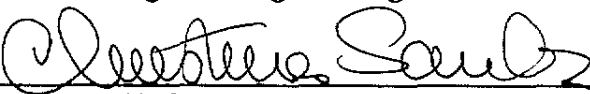
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

7/20/03

Date



Signature/Incorporator

7/20/03

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA