

POS000040822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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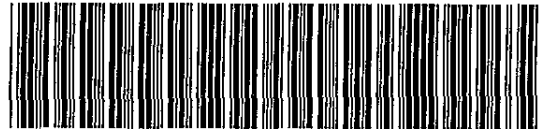
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4.3/0/05

TRANSMITTAL LETTER

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

SUBJECT: _____ OR productions, Corp.
(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: _____ Omar Ramirez
Name (Printed or typed)

18617 NW 84 Pass #2201
Address

Miami, FL 33015
City, State & Zip

Office: (305) 829-4495 Cell: (786) 486-7750
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:

OR PRODUCTIONS, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

18617 NW 84 PASS # 2201
MIAMI, FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This Corporation is organized for the purpose of transacting any and/or all-lawful business, specially anything relating to PRODUCTION, CREATING AND DISTRIBUTION OF MOVIES, TELEVISION PROGRAMS, PHOTOGRAPHY, ART, MUSIC, ADVERTISING, ANIMATION, 3D, COMMERCIALS AND MANAGEMENT OF TALENT.

ARTICLE IV SHARES

The number of shares of stock is:

This Corporation is authorized to issue 1,000,000 shares of common stock, at one-tenth-cent (\$.001) per value, per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

This corporation shall have one (1) Director constituting the initial board of directors. The number of directors may be either increased or decreased from time to time by the By Laws. The name and adress of the Directors of this corporation is:

OMAR RAMIREZ, 18617 NW 84 PASS #2201, MIAMI, FL 33015
PRESIDENT, VICE-PRESIDENT, AND SECRETARY.

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

OMAR RAMIREZ
18617 NW 84 PASS #2201, MIAMI, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

OMAR RAMIREZ
18617 NW 84 PASS #2201, MIAMI, FL 33015

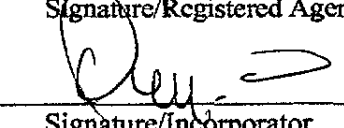
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

3-07-05

Date



Signature/Incorporator

3-07-05

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA