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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

NPG / CUERVO ENTERTAINMENT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The initial name and address of this corporation shall be:

NPG / CUERVO ENTERTAINMENT, INC.
6120 SW 65 Avenue
MIAMI, FL 33143

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TALLAHASSEE, FL 32304

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ARTICLE II

This corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE III

The capital stock authorized, the par value thereof, and the characteristics of such stock shall be as follows:

<u>Number of Shares Authorized</u>	<u>Par Value Per Share</u>	<u>Class of Stock</u>
100	\$1.00	Common

ARTICLE IV

The name and address of the initial registered agent is:

Karl Wehner
6120 SW 65 Avenue
MIAMI, FL 33143

ARTICLE V


The name and street address of the incorporator to this Articles of Incorporation is:

Karl Wehner – Director

6120 SW 65 Avenue
MIAMI, FL 33143

The undersigned incorporator has executed these Articles of Incorporation

this 10TH day of NOVEMBER, 2005.



Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE


Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation:


NFG / CUERVO ENTERTAINMENT, INC.

2. The name and address of the registered agent and office is:

Karl Wehner
6120 SW 65 Avenue
MIAMI, FL 33143

Signature 
Title DIRECTOR
Date 11/10/05

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature 
Date 11/10/05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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