

08000017420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

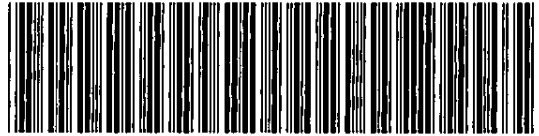
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08 FEB 15 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/18/08

## COVER LETTER

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

### SUBJECT:

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$87.50

### ADDITIONAL COPY REQUIRED

#### FROM:

Name (Printed or typed)

*Pamela Cirimele*

Address

*1720 SW 24 ST Miami FL ~~33143~~*

City, State & Zip

*33145*

Daytime Telephone number *786/718-6314.*

**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:

A1 PHOTO MMIC. Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

512 SW 20 RD Miami FL. 33129

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Photography &  
Video.

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Pamela Cirimele (Title) President

ARTICLE VI REGISTERED AGENT 1720 SW 24 ST Miami FL. 33145

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

1720 SW 24 ST

Miami FL. 33145

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Pamela Cirimele  
1720 SW 24 ST

Miami FL. 33145

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

Date 02/07/08

Signature/Incorporator

Date 02/07/08

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TALLAHASSEE, FLORIDA