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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CSH SERVICES, LLC Account Number : 120070000160 : (800)494-3124 Phone

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# FLORIDA PROFIT/NON PROFIT CORPORATION

DVS CARTEL ENTERTAINMENT, INC.

Certificate of Status	6
Certified Copy	0
Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

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### **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:

DVS CARTEL ENTERTAINMENT, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

16005 ARBOR VIEW BLVD APT 421 NAPLES, FLORIDA 34110

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

#### ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

#### ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

**PRESIDENT** 

MANUEL A PENA

16005 ARBOR VIEW BLVD APT 421

NAPLES, FLORIDA 34110

VICE PRESIDENT

ANDRE DAMASO

16005 ARBOR VIEW BLVD APT 421

NAPLES, FLORIDA 34110

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PAGE 2 DVS CARTEL ENTERTAINMENT, INC.

## ARTICLE VI REGISTERED AGENT

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

MANUEL A PENA 16005 ARBOR VIEW BLVD APT 421 NAPLES, FLORIDA 34110

## ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

MANUEL A PENA 16005 ARBOR VIEW BLVD APT 421 NAPLES, FLORIDA 34110 2000 APR -4 AH 7:5

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.

MANUEL A PENA / Registered Agent

Date

Date

MANUEL A PENA /Incorporator