

PO9000102374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

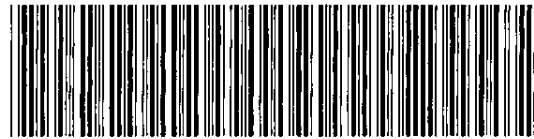
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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APPROVED
AND
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09 DEC 22 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ECTS

EXPRESS CORPORATE FILING SERVICE, INC
1000 PONCE DE LEON BLVD., STE: 101
CORAL GABLES, FL 33134
PH: (305)444-4994 FAX: (305)444-4977

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. RSS PRODUCTIONS, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED
AND
FILED

09 DEC 22 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

RSS PRODUCTIONS, INC.

EFFECTIVE DATE: 01/01/2010

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13828 SW 139 CT.
MIAMI, FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

RUBEN C. FERNANDEZ OLIVARES (P/D) 100%
SARDY SARDIÑAS (V/D)
13828 SW 139 CT.
MIAMI, FL 33186

ARTICLE VI REGISTERED AGENT

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

RUBEN C. FERNANDEZ OLIVARES
13828 SW 139 CT.
MIAMI, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RUBEN C. FERNANDEZ OLIVARES
13828 SW 139 CT.
MIAMI, FL 33186

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

12/21/2009

Date

Signature/Incorporator

12/21/2009

Date