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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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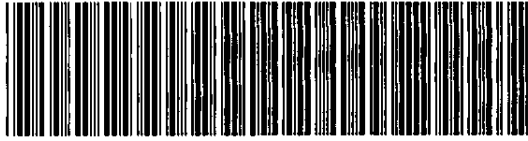
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT: Miami Dade Digital, Inc.**

**(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: George Garcia / Daniel Lopez

Name (Printed or typed)

5901 NW 151 St #209

Address

Miami Lakes, FL 33014

City, State & Zip

786-262-1457 or 786-227-0794

Daytime Telephone number

miamidadedigital@gmail.com ✓

E-mail address: (to be used for future annual report notification)

2010 NOV 29 P 1:15  
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**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: Miami Dade Digital, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5901 NW 151 ST #209  
Miami Lakes, FL 33014

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: George Garcia, CEO  
Address: 5365 Palm Ave #2  
Hialeah, FL 33012

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Daniel Lopez, CTO  
Address: 5350 W 21 Ct  
Hialeah, FL

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: George Garcia  
Address: 5365 Palm Ave #2  
Hialeah, FL 33012

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: George Garcia  
Address: 5365 Palm Ave #2  
Hialeah, FL 33012

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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

George Garcia  
Required Signature/Registered Agent

11/24/10  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

George Garcia  
Required Signature/Incorporator

11/24/10  
Date