

P10000100639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

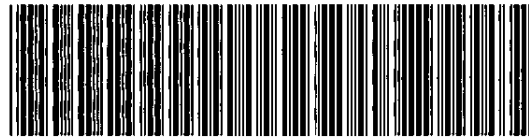
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500188524135

12/13/10--01012--015 \*\*78.75

FILED

2010 DEC 13 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Birch DEC 14 2010

## COVER LETTER

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

**SUBJECT: MIM ADVERTISING PRODUCTIONS CORP**  
(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: **MONICA FUENTES**

Name (Printed or typed)

**7737 SW 88 TH ST APT C210**

Address

**MIAMI FL 33156**

City, State & Zip

**786-234-3424**

Daytime Telephone number

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

**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: **MIM ADVERTISING PRODUCTIONS CORP**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**7737 SW 88 TH ST APT C210**  
**MIAMI FL 33156**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**TRANSACT ANY AND LAWFUL BUSINESS ADVERTISING**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: **MONICA FUENTES - PRESIDENT**  
Address: **7737 SW 88 TH ST APT C210**  
**MIAMI FL 33156**

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

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

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:

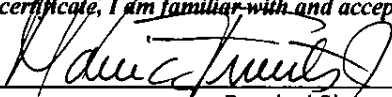
Name: **MONICA FUENTES**  
Address: **7737 SW 88 TH ST APT C210**  
**MIAMI FL 33156**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **MONICA FUENTES**  
Address: **7737 SW 88 TH ST APT C210**  
**MIAMI FL 33156**

*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*



Required Signature/Registered Agent

**12-08-10**

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.*



Required Signature/Incorporator

**12-08-10**

Date

FILED

2010 DEC 13 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA