

711 60000 3101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

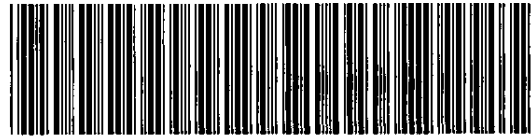
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 12 2011

COVER LETTER

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

SUBJECT: Miguel Si Sabe Productions 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: Miguel Si Sabe Productions INC.
Name (Printed or typed)

7101 E Colonial Dr. Ste 131
Address

Orlando, Florida, 32807
City, State & Zip

(407) - 381 - 9851
Daytime Telephone number

Mig438(A)@yahoo.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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: Miguel Si Sabe Productions INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7101 E Colonial Dr
Suite 131
Orlando, Florida 32807

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

purchase Airtime and sell Airtime, for Self Expression
to profits, monetary, ect..
Advertisement.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President
Address: Maria Tamez De laiva
3829 Pickwick Dr
Orlando, FL 32817

Name and Title: _____
Address: _____

Name and Title: Officer
Address: Maria Tamez De laiva
3829 Pickwick Dr
Orlando, Florida 32817

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: Maria Tamez De laiva
Address: 7101 E Colonial Dr Ste 131
Orlando, Florida 32807

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria Tamez De laiva
Address: 7101 E Colonial Dr Ste 131
Orlando, Florida 32807

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

Maria Tamez De laiva
Required Signature/Registered Agent

01-01-2011
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.

Maria Tamez De laiva
Required Signature/Incorporator

01-01-2011
Date

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