## P11000033211

(Address)  (Address)  (Address)  (City/State/Zip/Phone #)  (Document Number)  (Document Number)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filling Officer:  AENE FINES FEL GAVE  AUTHORIZATION BY PHONE TO CORDEOT Suffix on Enfirty To Tructory  DATE 4-5-// AT 4/33 pm  DOC. EXAM. Solvins	
(Address)  (City/State/Zip/Phone #)  (City/State/Zip/Phone #)  (Document Mall   Mall	(Requestor's Name)
(City/State/Zip/Phone #)    PICK-UP	(Address)
(Business Entity Name)  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filling Officer:  AENE Instruction Filling Officer:  AENE Instruction BY PHONE TO CORRECT Suffix on Entity To Inscriber Correct Suffix On Entity Suffix	(Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filling Officer:  AENE FIMEN FEL GAVE  AUTHORIZATION BY PHONE TO CORRECT Suffix on Entity To Truct  DATE AT 14:33 pm	(City/State/Zip/Phone #)
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filling Officer:  AENE FIMEN FEL GAVE  AUTHORIZATION BY PHONE TO CORRECT Suffix on Enfify To Truc.  DATE AT 14:33 PM	PICK-UP WAIT MAIL
Special Instructions to Filing Officer:  AENE FIMEN FEL GAVE  AUTHORIZATION BY PHONE TO CORRECT Suffix on Enfify To Truct  DATE 4-5-11 AT 4:33 PM	(Business Entity Name)
Special Instructions to Filing Officer:  AENE FIMENTEL GAVE  AUTHORIZATION BY PHONE TO  CORRECT Suffix on Enfify To Trace  DATE 4-5-11 AT 4:33 PM	(Document Number)
AUTHONIZATION BY PHONE TO READ CORRECT Suffix on Entity To ITINC.  DATE 4-5-11 AT 4:33 PM	Certified Copies Certificates of Status
DATE 4-5-11 AT 4:33 PM	Special Instructions to Filling Officer:
Chillian	CORRECT Suffix on Entity To LINC
	DATE 4-5-11 47 4:33 PM  DOC. EXAM. SOULIS

Office Use Only



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2011 APR -4 PM 2: 02
SECRETARY OF STATE
TALL AHASSEE FLORIO

SC 4-4-1

## **COVER LETTER**

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

, 1

SUBJECT: Rene Pimentel Photog	raphy, Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
		•	
Enclosed are an original and one (1) copy of the arti	cles of incorporation ar	nd a check for:	
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL C	OPY REQUIRED	
FROM: Rene Pimentel Name	(Printed or typed)		
A	Address		
Pembroke Pines, FL 33	3027 State & Zip	2011 APR -4 SECRETARY ALLAHASS	Applications of the second
305-479-5084		<u>m</u> ->	in.
Daytime Te	elephone number	PH 2: 02 OF STATE E.FLORID	Ö
photography@renepimer E-mail address: (to be used	tel.com	Indiffication)	
indiraceiss. (to be used	i ioi iatuic amiaai report	. notineacion,	

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. If	NAME Rene Pimentel Photo Poration shall be:	graphy, INC.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing a	ddress, if different is:
	667 SW 1 Street		
<u>Pe</u>	mbroke Pines, FL_33027		
ARTICLE III P	URPOSE		
	ich the corporation is organized is:		
Professional p	hotography services.		
ARTICLE IV S			
	NITIAL OFFICERS AND/OR DIRECTO		
	e:Rene Pimentel - President		
Address:	16667 SW 1 Street Pembroke Pines, FL 33027		
	Pembroke Pines, FL 33027		
Name and Titl	e:	Name and Title:	
Address:		Address:	
Name and Titl Address:	e:	Name and Title: Address:	
ARTICLE VI	REGISTERED AGENT	<u> </u>	
	da street address (P.O. Box NOT acceptable)	) of the registered agent is:	
Name:	Rene Pimentel		= ~
Address:	16667 SW 1 Street	<del></del>	
	Pembroke Pines, FL 33027	<del></del>	· > > > > > > > > > > > > > > > > > > >
ARTICLE VII	NCORPORATOR		<b>3 3 3 3 3 3 3 3 3 3</b>
The name and addr	ess of the Incorporator is:		SS :
Name:	Rene Pimentel		
Address:	16667 SW 1 Street	<del></del>	표를 모 [1]
	Pembroke Pines, FL 33027	<del></del>	
Having been named this certificate, I am	l as registered agent to accept service of pro- familiar with and accept the appointment as	cess for the above stated corporegistered agent and agree to a	oration at the place designated in
		1	03/31/2011
	Required Signature/Registered Agent		Date
	nent and affirm that the facts stated kerein overtiment of State constitutes a third degree fel		
		/	03/31/2011
	Refured Sympature Incorporate		Date