

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H11000177173 3)))



H110001771733ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305) 599-0839  
Fax Number : (305) 592-9591

11 JUL - 8 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
SUNSHINE MUSIC AUDIOVISUAL PRODUCTION CORP

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

11 JUL - 8 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

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

**ARTICLE I NAME** SUNSHINE MUSIC AUDIOVISUAL PRODUCTION CORP  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
8821 FONT BLVD SUITE 205  
MIAMI FL 33172

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
MUSIC AUDIOVISUAL SERVICES AND ALL OTHERS ACTIVITIES PERMITTED BY THE LAW  
OF THE STATE OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES

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

Name and Title: <u>MAYRA FELIPA MENA P/T/D 50 SHARES</u>	Name and Title: _____
Address: <u>8821 FONT BLVD SUITE 205</u>	Address: _____
<u>MIAMI FL 33172</u>	_____

Name and Title: <u>FRED AUGUSTO MAYORGA VP/S/D 50 SHARES</u>	Name and Title: _____
Address: <u>9210 FONT BLVD SUITE 210</u>	Address: _____
<u>MIAMI FL 33172</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: MAYRA FELIPA MENA  
Address: 8821 FONT BLVD SUITE 205  
MIAMI FL 33172

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: FRED AUGUSTO MAYORGA  
Address: 9210 FONT BLVD SUITE 210  
MIAMI FL 33172

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

X Mayra Mena  
Required Signature/Registered Agent

07/07/2011

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.

X Fred Augusto Mayorga  
Required Signature/Incorporator

07/07/2011

Date

FILED  
JUL - 8 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA