

PII 000080286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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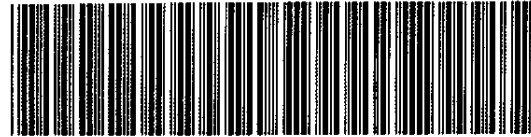
(Business Entity Name)

(Document Number)

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

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AND  
FILED  
SEP - 9 PM 1:26  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## COVER LETTER

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

SUBJECT: Cachim Enterprises Media Group Company  
(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: Hector Cachimbo  
Name (Printed or typed)

8093 NW 71st Court  
Address

Tamarac, FL 33321  
City, State & Zip

954-919-5678  
Daytime Telephone number

juliec@cachim.com  
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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

Cachim Enterprises Media Group Company  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
8093 NW 71st Court  
Tamarac, FL 33321

Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Multi-media company specializing in video production, graphic design and marketing.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: <u>Hector Cachimbo President</u>	Name and Title: _____
Address: <u>8093 NW 71st Court</u>	Address: _____
<u>Tamarac, FL 33321</u>	_____
_____	_____

Name and Title: <u>Julia Cachimbo Vice President</u>	Name and Title: _____
Address: <u>8093 NW 71st Court</u>	Address: _____
<u>Tamarac, FL 33321</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: Hector Cachimbo  
Address: 8093 NW 71st Court  
Tamarac, FL 33321

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Hector Cachimbo  
Address: 8093 NW 71st Court  
Tamarac, FL 33321

*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*

H Cachimbo

Required Signature/Registered Agent

8/8/2011

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.*

H Cachimbo

Required Signature/Incorporator

8/8/2011

Date