## P11000080556

(Requestor's Name)				
. (Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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## ARTICLES OF INCORPORATION

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

ARTICLE II	PRINCIPAL OFFICE		
•	Principal street address	Mailing address, if di	fferent is:
,	3205 ne 184th Street		
	Suite 9-306		· <del></del>
ARTICLE III			
	hich the corporation is organized is:	s, product distribution, media buy	ina onlino
		s, product distribution, media buy s, press releases, talent managem	
-		•	
ARTICLE IV The number of shar			
	INITIAL OFFICERS AND/OR DIREC	TORS	
Name and Ti	tle:Andrea Bermeo (P)	Name and Title:	
Address:	3205 NE 184th Street	Address:	
	Suite 9-306		
	Aventura, FL 33180		
Name and Title:		Name and Title:	
Address:		Address:	
Name and Title:		Name and Title:	
Address:			
			· <del></del>
			· · · · · · · · · · · · · · · · · · ·
	REGISTERED AGENT rida street address (P.O. Box NOT acceptal	ala) of the maistened agent is:	
Name:	Andrea Bermeo	one) of the registered agent is:	
Address:	3205 NE 184th Street, Suite	9-306	
	Aventura, FL 33180		
ARTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name:	Andrea Bermeo		
Address:	3205 NE 184th Street, Suite 9 Aventura, FL 33180	<u>-306</u>	
Having been name his certificate, Pan	d as registered agent to accept service of p I familiar with and accept the appointment o	rocess for the above stated corporation at this registered agent and agree to act in this ca	ne place designated pacity
· HwaaaAt /¥	run)		
	Required Signature/Registered Agen	t	Date
	nent and affirm that the facts stated herei partment of State constitutes a third degree	n are true. I am aware that the false inforn felony as provided for in s.817.155, F.S.	nation submitted in
Aug . L			
	Required Signature/Incorporator		Date
	redamen aiknamic/meorbotator		Date