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Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	 · .
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11 OCT 19 AM 8: L5

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

One Night Promotions, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

One Night Promotions, Inc.

ARTICLE II

The principal place of business and mailing address of this corporation shall be:

7455 SW 124 Avenue Miami, FI 33183

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any time is:

500 shares (five hundred) @ \$ 1.00 (one dollar)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Jonathan Castro 7455 SW 124 Avenue Miami, Florida 33183

ARTICLE V INCORPORATOR (S)

The name(s) and street address(es) of the incorporator to these Articles of Incorporation is (are):

Juan Cardenas, President 8900 SW 142 Avenue Miami, FL 33183

Jonathan Castro, Vice- President 7455 SW 124 Avenue Miami, Fl 33183

The undersigned has (have) executed these Articles of Incorporation this 12th day of October 2011.

Signature/ Title

Tresiden!

Signature/ Title

APPROVED AND FILED

11 OCT 19 AM 8: 15

SECRETARY OF STATE TALLAHASSEE FLORIDA

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statue, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is: One Night Promotions, Inc.
- 2. The name and address of the registered agent and office is:

Jonathan Castro 7455 SW 124 Avenue Miami, FL 33183

Signature

Title Vice - Presiden

Date 10-12-11

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFIED, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL MY STATUS RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature

Date 10-12-11