

P11000098839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

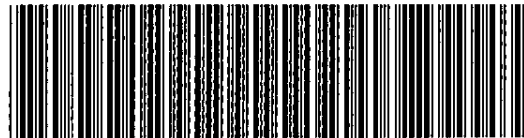
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500214144255

11/14/11--01028--006 ***78:75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 NOV 14 PM 3:34

APPROVED
AND
FILED

1/4

COVER LETTER

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

SUBJECT: Certified Studios Inc.

(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: Luis R Robles

Name (Printed or typed)

5025 wiles rd apt 305

Address

coconut creek fl, 33073

City, State & Zip

954-464-1110

Daytime Telephone number

lrobles99@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

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

11 NOV 16 PM 3: 31

ARTICLE I NAME

Certified Studios Inc.
The name of the corporation shall be:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address
5025 wiles rd apt 305
coconut creek fl 33073

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To make interactive video games and computer generated movies.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis R Robles President

Address: 5025 wiles rd apt 305
coconut creek fl 33073

Name and Title: Karen Llanos Vice President

Address: 5025 wiles rd apt 305
coconut creek fl 33073

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Luis R Robles

Address: 5025 wiles rd apt 305
coconut creek fl 33073

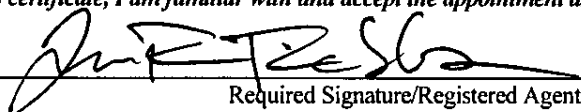
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Luis R Robles

Address: 5025 wiles rd apt 305
coconut creek fl 33073

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


Required Signature/Registered Agent

11/04/2011

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.


Required Signature/Incorporator

11/04/2011

Date