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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305) 871-0889
Fax Number : (305) 870-9623

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR 24 AM 11:04

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FLORIDA PROFIT/NON PROFIT CORPORATION
FERNANDEZ 'S PRODUCTIONS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

FERNANDEZ'S PRODUCTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8520 SW 133RD AVE RD
APT 205
MIAMI FL 33183

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: **1000 SHARES AT NOT PART VALUE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **PRESIDENT**
Address: **VANESA GONZALEZ**
8520 SW 133RD AVE RD APT 205
MIAMI, FL 33183

Name and Title: _____
Address: _____

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:

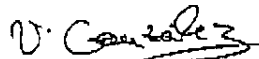
Name: **VANESA GONZALEZ**
Address: **8520 SW 133RD AVE RD APT 205**
MIAMI FL 33183

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **VANESA GONZALEZ**
Address: **8520 SW 133RD AVE RD APT 205**
MIAMI FL 33183

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

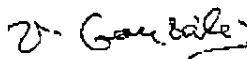


Required Signature/Registered Agent

04/23/2012

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

04/23/2012

Date

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TALLAHASSEE, FLORIDA

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