

P13000097758

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

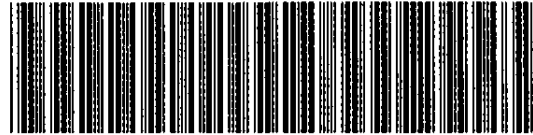
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1018  
W13-558888

## COVER LETTER

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

SUBJECT: **PI Productions**

(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: **Emilia Delgado**

Name (Printed or typed)

**5275 NW 112 Ave # 6**

Address

**Doral, FL 33178**

City, State & Zip

**305 301 2104**

Daytime Telephone number

**PI.promo.productions@gmail.com/ emilia\_delgado@hotmail.com**

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 8, 2013

EMILIA DELGADO  
5275 NW 112 AVE #6  
DORAL, FL 33178

SUBJECT: PI PRODUCTIONS  
Ref. Number: W13000055888

RECEIVED  
13 NOV -4 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

We have received your document for PI PRODUCTIONS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 613A00023591



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2013

EMILIA DELGADO  
5275 NW 112 AVE #6  
DORAL, FL 33178

SUBJECT: PI PRODUCTIONS  
Ref. Number: W13000055888

RECEIVED  
13 DEC -6 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for PI PRODUCTIONS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 613A00023591

**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:

**PI Productions Company**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**5275 NW 112 Ave # 6**

**Doral, Fl 33178**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PI Productions Company main purpose is to establish a company specialized in broadcast productions,

marketing, advertising & public relations, consulting, distributions and events.

The core of the business is to provide consulting and broadcast productions services

to US-hispanic market, anglo market in South Florida, US and more, through all mass media.

**ARTICLE IV SHARES**

The number of shares of stock is:

**100**

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

Name and Title: **Emilia Delgado**

Name and Title: **Director**

Address **5275 NW 112 Ave # 6**

Address: **5275 NW 112 Ave # 6**

**Doral, Fl 33178**

**Doral, Fl 33178**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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13 DEC -6 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(conti.)

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: Emilia Delgado  
Address: 5275 NW 112 Ave # 6  
Doral, FI 33178

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Emilia Delgado  
Address: 5275 NW 112 Ave # 6  
Doral, FI 33178

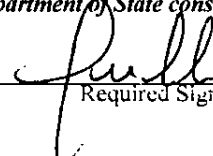
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

Oct. 29, 2013

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

Oct. 29, 2013

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13 DEC -6 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA