

JAN 17 2014 PM 01:08 PM

File No.

P. 0

1/17/2014

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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14 JAN 17 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
ART MEDIA PRODUCTION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JAN 17 PM 1:14

01/21/14

JAN/17/2014/FRI 04:06 PM

FAX No.

P. 002

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: ART MEDIA PRODUCTION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1237 SW 131 PL CIR W
MIAMI, FL 33184

Mailing address, if different is:

1237 SW 131 PL CIR W
MIAMI, FL 33184

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSE

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: (P) HENRY LECOURS

Address: 1237 SW 131 PL CIR W
MIAMI, FL 33184

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

RECORDED
14 JAN 17 PM 4:14
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JAN/17/2014/FRI 01:07 PM

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P. 003

(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: HENRY LECOURS
Address: 1237 SW 131 PL
MIAMI, FL 33184

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HENRY LECOURS
Address: 1237 SW 131 PL
MIAMI, FL 33184

14 JAN 17 PM 1:14
STATE
TALLAHASSEE, FLORIDA

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

Henry Lecours

Required Signature/Registered Agent

1/14/2014

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.

Henry Lecours

Required Signature/Incorporator

1/14/2014

Date