

01/24/2032 01:48

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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION INDIO FILMS CORP.

Certificate of Status	0
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ARTICLES OF INCORPORATION

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 NAME

The name of the corporation shall be:

INDIO FILMS CORP.

ARTICLE II PRINCIPAL OFFICE

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

455 NE 25TH STREET STE 505

MIAMI, FL 33137

ARTICLE III SHARES

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

100 Shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NICOLAS ACHURY
455 NE 25TH STREET STE 505
MIAMI, FL 33137

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ARTICLE V INCORPORATOR(S)

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

NICOLAS ACHURY President / Secretary
455 NE 25TH STREET STE 505
MIAMI, FL 33137
(305)331-0599

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 14th day of MARCH 20 14


Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, 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 INDIO FILMS CORP.

455 NE 25TH STREET STE 505
MIAMI, FL 33137

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2 The name and address of the registered agent and office is:

NICOLAS ACHURY

Name

455 NE 25TH STREET STE 505

(P.O. Box or Mail Drop NOT acceptable)

MIAMI, FL 33137

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE)

(DATE)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 23214

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