

Division of Corporations

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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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
COMTV CORP

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

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TALLAHASSEE, FLORIDA

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Help

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

ARTICLE I NAMEThe name of the corporation shall be: COMTV CORP**ARTICLE II PRINCIPAL OFFICE**

Principal street address

11910 NE 10TH AVE
BISCAYNE PARK, FL 33161

Mailing address, if different is:

11910 NE 10TH AVE
BISCAYNE PARK, FL 33161**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

PRESIDENT

Name and Title:

Address:

PEDRO A BELLORIN
11910 NE 10TH AVE
BISCAYNE PARK, FL 33161

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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(cont)

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: PEDRO A BELLORIN
Address: 11910 NE 10TH AVE
BISCAYNE PARK, FL 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PEDRO A BELLORIN
Address: 11910 NE 10TH AVE
BISCAYNE PARK, FL 33161

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

04/23/2014

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.817.133, F.S.

Required Signature/Incorporator

04/23/2014

Date

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