

4/22/2015
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : KRISJOENNA SERVICES, INC.
Account Number : I20080000033
Phone : (305) 644-3055
Fax Number : (305) 644-3052

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
DOBLE WHITE PRODUCTION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

15 APR 22 AM 11:41
15 APR 22 PM 3:49

MD 4/23

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:

DOBLE WHITE PRODUCTION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal and Mailing street address:

**7910 HARBOR ISLANDS DR. APT 901
NORTH BAY VILLAGE, FL 33141**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL ADVERTISING AND VIDEO PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Title: **PRESIDENT**
Name: **JAIRO BLANCO**
Address: **7910 HARBOR ISLANDS DR. APT 901
NORTH BAY VILLAGE, FL 33141**

ARTICLE VI REGISTERED AGENT

The name and Florida Street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **ENNA DIEPPA**
Address: **2141 SW 1 ST STE 110
MIAMI, FL 33135**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **JAIRO BLANCO**
Address: **7910 HARBOR ISLANDS DR APT 901
NORTH BAY VILLAGE, FL 33141**

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 04/22/2015 BY 60322

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


Date: APRIL 21, 2015



Required Signature/Registered Agent

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.

Date: APRIL 21, 2015



Required Signature/Incorporator

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RECEIVED
STATE DEPARTMENT OF
CORPORATION