

Florida Department of
Division of Corporations
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To:

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

From:

Account Name : CORP USA
Account Number : 072450003255
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Fax Number : (305) 633-9696

****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
GEORGE PELAEZ FILMS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

RECEIVED

15 MAY 26 PM 3:33

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15 MAY 26 AM 9:44

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DIVISION OF CORPORATIONS

05/27/15

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Corporate Filing Menu

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COVER LETTER

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

H 15000126249

SUBJECT: **GEORGE PELAEZ FILMS, INC.**

(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: **Albert R. Cohen**

Name (Printed or typed)

11420 N Kendall Dr., Suite 203

Address

Miami, FL 33176

City, State & Zip

305-271-3666 Ext 205

Daytime Telephone number

golf4foodd@aol.com

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

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

H 15000126249

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: George Pelaez Films, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

George Pelaez
2640 NE 135th Street Suite 217
North Miami, FL 33181

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Videos and Media Production

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: George Pelaez

Name and Title: _____

Address 2640 NE 135th Street
Suite 217
North Miami, FL 33181

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: Albert R. Cohen
Address: 11420 N Kendall Dr #203
Miami, FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: George Pelaez
Address: 2640 NE 135th Street Suite 217
North Miami, FL 33181

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

Albert R Cohen
Required Signature/Registered Agent

05/26/15
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.

George Pelaez
Required Signature/Incorporator

05/26/15
Date

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