Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000261620 3)))



H150002616203ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

**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 DO NOT DISTURB PRODUCTIONS CORP

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

H150002616|20

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:	
Do Not DISTURB PRODUCTIONS COPP	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
5005 COLLING AV PHG	
MIAMI BEACH 33140	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
CRISTIAN LOSE CONDE REREZ (P)	
MARIA GABRIELA QUINONES ARZOLAY (VP)	
ADTICLE W THITTIAL DECISTEDED ACENT AND STRUCT ADDRESS.	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:	
Cristian Jase coode Perez	10 100
5005 Collins Ave PHG	fram 17
Miami Beach 33140	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Cristian Jose Conde Perez	
5005 colling Ave PHCe	
Miami Reach 33140	- 1

Required Signatures:

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

11/52/2015
Registered Agent /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 §.817.155, F.S.