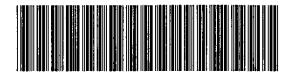
P1500103369

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	= #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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DEC 30 2015

S. GILBERT

COVER LETTER

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

SUBJECT:	Tricom Pictures and Productions Inc.				
30b0EC1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the art	cicles of incorporation and	d a check for:		
☐ \$70.0 Filing Fe	0 ☐ \$78.75 re Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Patricia Gihon	e (Printed or typed)			
	1010 Sweet Breeze Drive				
-		Address			
	Valrico, Florida 33594				
·	City, State & Zip				
	954-778-5664				
-	Daytime T	elephone number			
	Yuri_1969@me.com				
-	E-mail address: (to be use	d for future annual report r	otification)		

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

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

The name of the corpora	tion shall be:_	Tricom Pictures	and Productio	ns Inc.	15 DEC 16 PM 5: 13
ARTICLE II PRINC	CIPAL OFFICE Principal stre	<u>CE</u> et address			Mailing address, if different is: #RIDA
/alrico, Florida 33594		····			······································
ARTICLE III PURPO The purpose for which the	DSE	n is organized is:	Professional	Corporation	
					
he number of shares of	stock is: L OFFICER:		CTORS		
Name and Title Address	:	Breeze Drive			e:
	Valrico, Flor	rida 33594			
Name and Title:				Name and Title	e:
Address		-		Address:	
Name and Title:				Name and Title	e:
Address		<u> </u>		Address:	

Name a	and Title:	Name and Title:	
Addre	SS	Address:	
		<u></u>	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) Patricia Gihon	of the registered agent is:	
Name:			
Address:	1010 Sweet Breeze Drive	_	
	Valrico, Florida 33594		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and	address of the Incorporator is:		
Name:	Patricia Gihon		
Address:	1010 Sweet Breeze Drive		
	Valrico, Florida 33594	-	
Effective date, i (If an effective days after the i	f other than the date of filing: date is listed, the date must be specific and cann filing.) te inserted in this block does not meet the applicable effective date on the Department of State's records	e statutory filing requirements	s days prior or 90 business
	amed as registered agent to accept service of proced am familiar with and accept the appointment as reconstruction. Required Signature/Registered Agent		
document to the	Department of State constitutes a third degree felo	e true. I am aware that the fa ony as provided for in s.817.15	alse information submitted in a 5, F.S. Date