

# P16000008155

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

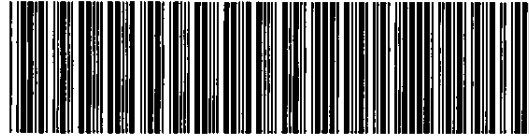
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 JAN 19 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Sullivan JAN 28 2016

## COVER LETTER

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

**SUBJECT:** MIAMI JAM PRODUCTIONS, 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:** MIAMI JAM PRODUCTIONS, INC.

\_\_\_\_\_  
Name (Printed or typed)

1901 NW SOUTH RIVER DR #60

\_\_\_\_\_  
Address

MIAMI FL 33125

\_\_\_\_\_  
City, State & Zip

786 231-4915

\_\_\_\_\_  
Daytime Telephone number

javieralonso@music@gmail.com

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

**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)

FILED

**ARTICLE I NAME**  
The name of the corporation shall be: MIAMI JAM PRODUCTIONS, INC.

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**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
1901 NW SOUTH RIVER DR #60 MIAMI FL 33125

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: MUSIC/VIDEOS/RADIO AND TV PRODUCTIONS AND LIVE  
EVENTS.

**ARTICLE IV SHARES**  
The number of shares of stock is: 100 NON PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JAVIER ALONSO PRESIDENT TREASURER Name and Title: \_\_\_\_\_

Address: 1901 NW SOUTH RIVER DR #60 Address: \_\_\_\_\_  
MIAMI FL 33125

Name and Title: JOSE LOPEZ CONSULTANT Name and Title: \_\_\_\_\_

Address: 351 SW 28 RD Address: \_\_\_\_\_  
MIAMI FL 33129

Name and Title: SANTIAGO YANES VICE PRESIDENT SECRETARY Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: JAVIER ALONSO

Address: 1901 NW SOUTH RIVER DR # 60

MIAMI FL 33125

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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: JAVIER ALONSO

Address: 1901 NW SOUTH RIVER DR #60

MIAMI FL 33125

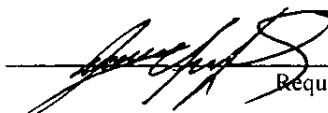
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/11/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

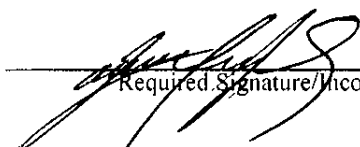
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

01/11/2016  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

01/11/2016  
\_\_\_\_\_  
Date