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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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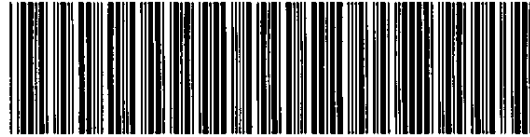
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** KONTENT ROOM, 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:** KONTENT ROOM, INC.

Name (Printed or typed)

31 SE 5th Street Apt. 3516

Address

Miami, Fl 33131

City, State & Zip

305-582-1074

Daytime Telephone number

carlos@ideasfactoria.com

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

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

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TALLAHASSEE, FLORIDA

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**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: Kontent Room, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

31 SE 5th Street Suite 3516

31 SE 5th Street Suite 3516

Miami, Fl 33131

Miami, Fl 33131

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: a digital content agency. It specializes in brand content creation and content distribution. Content creation is based on content strategy and the development of content in formats such as video, art podcasts, graphic design etc. Content distribution is based on the amplification of content in different media publishers.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Carlos A. Cifuentes - President-

Name and Title: Andres Puentes - Vice President -

Address 31 SE 5th Street Apt 3516

Address: 31 SE 5th Street Apt 3516

Miami, Fl 33131

Miami, Fl 331

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Carlos A. Cifuentes

Address: 31 SE 5th Street Apt 3516

Miami, Fl 33131

**ARTICLE VII INCORPORATOR**

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

Name: Carlos A. Cifuentes

Address: 31 SE 5th Street Suite 3516

Miami, Fl 33131

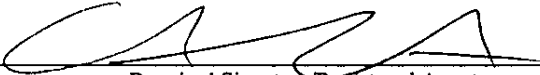
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: August 1, 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.)

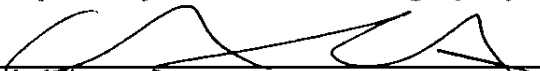
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

08-01-2016  
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

08-01-2016  
Date

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TALLAHASSEE, FLORIDA