

P16000076245

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

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

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

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

☐

PICK-UP

☐

WAIT

☐

MAIL

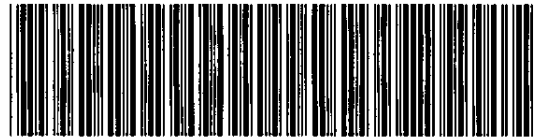
\_\_\_\_\_  
(Business Entity Name)

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

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

Special Instructions to Filing Officer:

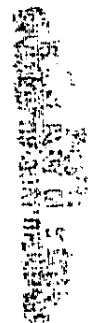
Office Use Only



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09/14/16--01001--016 \*\*78.75

SEP 14 AM 9:30



SEP 16 2015

T. SCOTT

## COVER LETTER

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

SUBJECT: PIX2PLAY CORP.

(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: ALVARO DAVID TORRES PEÑA  
Name (Printed or typed)  
1532 WHITEHALL DRIVE, APARTMENT #405  
Address  
DAVIE FL, 33324  
City, State & Zip  
954 851 2078  
Daytime Telephone number  
alvaro\_torres@hotmail.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)

**ARTICLE I NAME**                      PIX2PLAY CORP.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
1532 WHITEHALL DRIVE

Mailing address, if different is: \_\_\_\_\_

APARTMENT #405

DAVIE FL, 33324

**ARTICLE III PURPOSE**

ANY AND ALL BUSINESS SERVICES

The purpose for which the corporation is organized is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**                      1,000

The number of shares of stock is: \_\_\_\_\_

16 SEP 14 AM 9:30

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

Name and Title:                      ALVARO DAVID TORRES PEÑA, P

Name and Title:                      MARIA FERNANDA ROBLES, VP

Address                      1532 WHITEHALL DRIVE

Address:                      1532 WHITEHALL DRIVE

APARTMENT #405

APARTMENT #405

DAVIE FL, 33324

DAVIE FL, 33324

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

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

Name and Title: \_\_\_\_\_ 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: ALVARO DAVID TORRES PEÑA

Address: 1532 WHITEHALL DRIVE , #405

DAVIE FL, 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALVARO DAVID TORRES PEÑA

Address: 1532 WHITEHALL DRIVE , #405

DAVIE FL, 33324

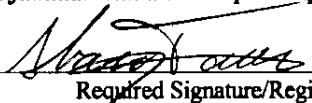
**ARTICLE VIII EFFECTIVE DATE:** 09/20/2016

Effective date, if other than the date of filing: \_\_\_\_\_ (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

09/08/2016  
\_\_\_\_\_  
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

09/08/2016  
\_\_\_\_\_  
Date