PAGE 01/04

Florida Department of State

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.

(((H16000297579 3)))



Doing so will generate another cover sheet.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

To:				
	Division of Corp	xorations	As -	
	Fax Number	: (850)617-6381		
From:				í
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	\$- C)
	Account Number		HETARY	•
		: (305)552-5973	-X	•
		: (305)675-5944	<u> </u>	2
				•
			o∺ 5	•
Enter	the email address	for this business entity to be used for fu	u <u>m</u> ré e	•
ann	wal report mailin	for this business entity to be used for fugs. Enter only one email address please.**	Α	1
	11 Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION ADVANCED MULTIMEDIA INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

HeTp BURCH DEC 6 2016

ARTICLES OF INCORPORATION 60 0 0 2 9 75 7 9 In compliance with Chapter 607 (Profit)

TAX 10: 80-0823657

ARTICLE I NAME: The name of the corporation is:
ADVANCED MULTIMEDIA INC.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 8123 W 340 AVE #(0 HIALEAH FL 33018
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
ARTURO I SANTANA (P) PER SEEL FEBRUS
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: ARTURO I SANTANA 8123 W 30 AVE # (0 HIGHER INCORPORATOR; The name and address of the Incorporator is: ARTICLE VI INCORPORATOR; The name and address of the Incorporator is: ARTURO I SANTANA 8123 W 30 AVE # (0 HIGHER DECEMBER 1998)

H16000297579

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

Registered Agent

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.

Incorporator

16 DEC -5 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIS