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.

(((H17000002715 3)))



H170000027153ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone : (305)444-4994

Fax Number

: (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION NTC RECORD PRODUCTION, INC.

0
1
03
\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

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

RTICLE III PURPOSE te purpose for which the corporation is organized is:	SAMB	
ne purpose for which the corporation is organized is:		
RTICLE III PURPOSE the purpose for which the corporation is organized is: NY AND ALL LAWFUL BUISNESS		
NY AND ALL LAWFUL BUISNESS		
		ASE T
	****	2
		\$50 F
	· · · · · · · · · · · · · · · · · · ·	mc 2
		''
		ORIGINAL 3
		** *
Name and Title: NATH A. CASTELLANOS (P/D) Address	Name and Title: CARLO	S LIRIA RAMIREZ (V/D
HIALEAH, FL 33012		.H, FL 33012
Name and Title:	Name and Title:	
Address	Address:	
Address	Address:	
Address	Address:	
Address Name and Title:		
	Name and Title:	

Name a	and Title:	Name and Title:	<u> </u>
Addre	ss	Address:	
		_	
	REGISTERED AGENT		
The name and I	Florida street address (P.O. Box NOT acceptable NATH A. CASTELLANOS	e) of the registered agent is:	7
Address:	345 W 62 STREET		1
	HIALEAH, FL 33012		ROF STAIN
ARTICLE VII	INCORPORATOR		GTAVE
The name and	address of the Incorporator is:		μ.
Name:	NATH A. CASTELLANOS	•	
Address:	345 W 62 STREET		
	HIALEAH, FL 33012		
Effective date, i	EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific and car	. (OPTIONAL) mot be more than five days pr	ior or 90 days after the
Note: If the dat	te inserted in this block does not meet the applical effective date on the Department of State's record		, this date will not be listed as
	amed as registered agent to accept service of proc am familiar with and accept the appointment as		
I submit this do document to the	ocument and affirm that the facts stated herein a Department of State constitutes a third degree fe	re true. I am aware that the fa lony as provided for in s.817.15.	use information submitted in a 5, F.S.
	Who are the second of the seco		1/4/17
Requ	lired Signature/Incorporator/Registered Agent		Date