

P1700009617

Florida Department of State
Division of Corporations
Electronic Filing Center

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.

(((H17000028015 3)))



H170000280153ABCY

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
LENTICULAR & CO CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED
 17 JAN 30 AM 9:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 30 2017

K. Brumbley

H17000023015

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: LENTICULAR & CO CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address9115 SW 17TH TERRMIAMIFLORIDA 33165

Mailing address, if different is:

9115 SW 17TH TERRMIAMIFLORIDA 33165**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TRAINING IN DIGITAL IMAGE**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES @ 1.00 PER VALUE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANTONIO RUVALCABA - PAddress: 9115 SW 17TH TERRMIAMIFLORIDA 33165

Name and Title: _____

Address: _____

Name and Title: VICE-PRESIDENT JAVIER CHAVEZAddress: 9115 SW 17TH TERRMIAMIFLORIDA 33165

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
17 JAN 30 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H17000023015

H17000028015

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ANTONIO RUVALCABA
Address: 9115 SW 17TH TERR
MIAMI FL 33165

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JAVIER CHAVEZ
Address: 9115 SW 17TH TERR
MIAMI FL 33165

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JANUARY 27, 2017 (OPTIONAL)

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

X 
Required Signature/Registered Agent

01/27/2017

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.

X 
Required Signature/Incorporator

01/27/2017

Date

H17000028015