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17 MAY 10 PM 2:17

FILED  
SECRETARY OF STATE  
MAY 10 2017

M. MOON

MAY 10 2017

## COVER LETTER

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

**SUBJECT:** MEL Media Productions, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Enrique Amor

Name (Printed or typed)

540 Raven Avenue

Address

Miami Springs, Fl. 33166

City, State & Zip

(305)951-4981

Daytime Telephone number

henry.amor@me.com

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

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

17 MAY 10 PM 2:17

SEC  
CORP  
FILE

**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: MEL Media Productions, Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

Same as Principal

540 Raven Avenue

Miami Springs, Fl. 33166

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To create T.V. productions that enhance marketing services by using application to facilitate links to business sites.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 shares

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

Name and Title: ENRIQUE AMOR, Pres./Sec.

Name and Title: IVONNE AMOR, Treasurer/V.P.

Address 540 Raven Avenue

Address: 540 Raven Avenue

Miami Springs, Fl. 33166

Miami Springs, Fl. 33166

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: ENRIQUE AMOR

Address: 540 Raven Avenue

Miami Springs, Fl. 33166

17 MAY 10 PM 2:17  
SECTION 11, ARTICLE 1, CHAPTER 1, 2017  
FILED  
CLERK OF THE COURT  
JULIA A. GARCIA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ENRIQUE AMOR

Address: 540 Raven Avenue

Miami Springs, Fl. 33166

**ARTICLE VIII EFFECTIVE DATE:**

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 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*

\_\_\_\_\_  
Required Signature/Registered Agent

Enrique Amor

\_\_\_\_\_  
Date

5/5/17

*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

Enrique Amor

\_\_\_\_\_  
Date

5/5/17