

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

428208

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.

(((H17000186863 3)))



H170001868633ABC7

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 : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
CG2 MEDIA PRODUCTIONS, INC.**

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

JUL 18 2017

T. SCOTT

RECEIVED
17 JUL 17 PM 4:49
BUREAU OF COMMERCIAL
INFORMATION SERVICES

H 17000186863

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: CG2 MEDIA PRODUCTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5431 NW 110TH AVENUE
DORAL, FL 33178

Mailing address, if different is:
5431 NW 110TH AVENUE
DORAL, FL 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GRECIA MEDINA, PRESIDENT

Address: 5431 NW 110TH AVENUE
DORAL, FL 33178

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

17 000186863

APPROVED
AND
FILED

NOTARY PUBLIC
STATE OF FLORIDA

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: JARNETTE G. RODRIGUEZ
Address: 1935 NW 83TH COURT, SUITE 101
DORAL, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GRECIA MEDINA
Address: 5431 NW 110TH AVENUE
DORAL, FL 33178

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

7/14/17

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

7/14/17

Date

H 170001868663