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.

(((H17000308205 3)))



H170003082053ABC-

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 : 120000000019
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.

Emoil 1	Address:		

T NOV 22 PM 2: 2:

FLORIDA PROFIT/NON PROFIT CORPORATION KALA PRODUCTIONS CORP.

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

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEEE

NOV 27 2017

H17000308205

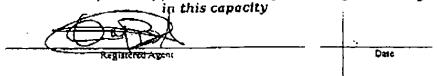
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

•	1
ARTICLE I NAME: The name of the corporation is:	
Kala Productions Corp.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is: 1805 Ponce de le on Blud. Soite 433 Cocal Bables 33134-FC	
ARTICLE III SHARES: The number of shores of stock is: 100	;
OMAT Mauricio Borjas Aranibar	
(President)	
ARTICLE Y INTIIAL REGISTERED AGENT AND STREET ADDRESS:	·
The name and Florida street address (PO Box not acceptable) of the registered agent is: OMOY MOUNICIO BOYIOS Aranibar	
Coral Gables FL 33134	33
ARTICLE VI ENCORPORATOR: The name and address of the Incorporator is: Omar Mauricio Borias Argnibar 1805 Ronce de León BIVA suite Coral Gables, FL 33134	133
	•

H17000308205

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 accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent age



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.

Date

2 of 2