

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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**  
**IRIS STREAMING INC**

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

RECEIVED

2018 APR -6 PM 5:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 APR -6 AM 9:35

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Corporate Filing Menu

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APR 09 2018

K. Brumpley

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:IBIS Streaming INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

15811 SW 143rd CT.  
Miami, FL 33177SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Joel DeJesus Labrada V.P.Shane Antonio Mathis C.E.O./P**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**


The name and Florida street address (PO Box not acceptable) of the registered agent is:

Joel DeJesus Labrada  
15811 SW 143rd CT  
Miami, FL 33177**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Joel DeJesus Labrada  
15811 SW 143rd CT.  
Miami, FL 33177

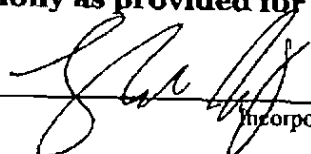
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**Required Signatures:**

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 act in this capacity

 4/6/18  
Registered Agent 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.

 4/6/18  
Incorporator Date

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