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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.

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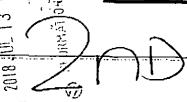


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To:			: -	-
	Division of Corporations			
	Fax Number : (850)617-6381			
From:	Account Name : LAZARUS CORPORATE FILING SERVICE, INC Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944	A ABOS	18 JUL 13	題品
**Ente	er the email address for this business entity to be used annual report mailings. Enter only one email address ple	for future	AM 10:	
	Email Address:	214	ឡ	

FLORIDA PROFIT/NON PROFIT CORPORATION RUIZ PRODUCTIONS INC.

Certificate of Status Û Certified Copy 1 Page Count 03 Estimated Charge \$78.75 7 COLLINS JUL 1 6 2018



Corporate Filing Menu

Help

Electronic Filing Menu

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:
Ruiz Productions Inc.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
8002 SW 119CT
8002 SW 119CT Miami, FL
33/83
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Michael Ryan Ruiz (P)
<u> </u>
<u> </u>
N
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:
MICHUEL RUGO RUIZ
8002 SW 119 CT
<u>miami</u> FL 33183
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: MICHGEL RYGN PUIZ 2007 SID HIGGET
MIAMI FI 33172

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

Registered Agent

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.

Incerporator

Date

ANN DO

See Felony as provided for in s.817.155, F.S.

Date

Date

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