

P19000008918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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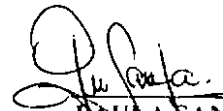
2019 JAN 28 AM 8:31

## **AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally appeared **PAULA SANTA**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **MISS CUARENTA PRODUCTIONS INC**, a Florida corporation to be filed with the Florida Department of State on or about **January 21, 2019**.
2. The undersigned hereby consents to and authorizes the use by **MISS CUARENTA PRODUCTIONS INC**, of the name **MISS CUARENTA PRODUCTIONS INC**.
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

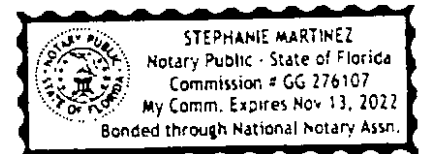
FURTHER AFFIANT SAYETH NAUGHT.

  
\_\_\_\_\_  
PAULA SANTA

STATE OF FLORIDA            )  
  ) SS:  
COUNTY OF MIAMI-DADE )

PERSONALLY appeared before me, Paula Santa, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 21<sup>st</sup> day of January, 2019.



  
\_\_\_\_\_  
Notary Public Signature

## COVER LETTER

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

**SUBJECT:** MISS CUARENTA PRODUCTIONS INC

(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:** STEPHANIE MARTINEZ

Name (Printed or typed)

8180 NW 36 ST, SUITE 406

Address

DORAL FL 33166

City, State & Zip

305-406-3800

Daytime Telephone number

ATPLUS@LIVE.COM

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

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

**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: MISS CUARENTA PRODUCTIONS INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

235 SW 17TH RD #6

MIAMI FL 33129

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: PAULA SANTA P

Name and Title: \_\_\_\_\_

Address 235 SW 17TH RD #6

Address: \_\_\_\_\_

MIAMI FL 33129

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

PAULA SANTA  
MISS CUARENTA PRODUCTIONS INC  
235 SW 17TH RD #6  
MIAMI FL 33129

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: PAULA SANTA \_\_\_\_\_

Address: 235 SW 17TH RD #6 \_\_\_\_\_

MIAMI FL 33129 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: PAULA SANTA \_\_\_\_\_

Address: 235 SW 17TH RD #6 \_\_\_\_\_

MIAMI FL 33129 \_\_\_\_\_

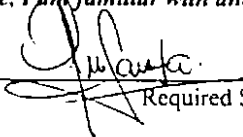
**ARTICLE VIII EFFECTIVE DATE:**

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.

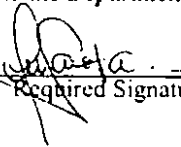
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



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

1/24/19  
\_\_\_\_\_  
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

1/24/2019  
\_\_\_\_\_  
Date