

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
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C RICO

APR 25 2019

****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
CONJURED FILMS, INC.

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

2019 APR 25 PM 2:59

19 APR 25 AM 2:25

CLERK OF STATE
 DIVISION OF CORPORATIONS

Please File this one.

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Conjured Films, Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

8041 NW 169th TER

Miami Lakes, FL 33016

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Camila Ortega - PRESIDENT

19 APR 25 AM 2:25
SECTION 1907 OF STAT.
VISION OF INCORPORATING

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Camila Ortega

8041 NW 169th TER

Miami Lakes, FL 33016

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Camila Ortega

8041 NW 169 Terr

MIAMI LAKES FL 33016

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

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.

Προσπορεύεται

Date _____