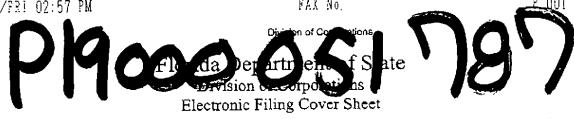
6/28/2019



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.

(((H19000201082 3)))



H190002010823ABCX

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

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone : (305)444-4994

Fax Number

: (305)444-4977

**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

LLUVET PRODUCTIONS, INC.

Certificate of Status	0
Certified Copy	0_
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE JUL - 1 2019

ARTICLES OF INCORPORATION

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

ARTICLE II PRII	Principal <u>street</u> address	Mailing address, if different is:	
6625 MIAMI LAKES	S DR #327		
MIAMI LAKES, FL	33014	·	
ARTICLE III PUR The purpose for which	POSE h the corporation is organized is:	AND ALL LAWFUL BUSINESS	
			<u></u>
			ن و
			
	<u> </u>		
	·		8 LE S
	•	•	1
ARTICLE IV SHA The number of shares	RES of stock is:		M & SS
The number of shares	of stock is:		& 35 LONDA
The number of shares ARTICLE V INIT	of stock is:	យ	
The number of shares ARTICLE V INIT Name and T	of stock is: TAL OFFICERS AND/OR DIRECTOR INCLUDE: 6625 MANULAKES DR	Name and Title:	
The number of shares ARTICLE V INIT	of stock is: TAL OFFICERS AND/OR DIRECTOR INCLUDE: 6625 MANULAKES DR	Name and Title:Address:	
The number of shares ARTICLE V INIT Name and T	of stock is: TAL OFFICERS AND/OR DIRECTOR itle: 6625 MIAMI LAKES DR	Name and Title:Address:	
The number of shares ARTICLE V INIT Name and T	of stock is: TAL OFFICERS AND/OR DIRECTOR itle: LESLIE LLUVET (P) 6625 MIAMI LAKES DR #327 MIAMI LAKES, FL 33014	Name and Title:Address:	
The number of shares ARTICLE V INT Name and T Address	of stock is: TAL OFFICERS AND/OR DIRECTOR itle: LESLIE LLUVET (P) 6625 MIAMI LAKES DR #327 MIAMI LAKES, FL 33014	Name and Title: Address: Name and Title:	
The number of shares ARTICLE V INTA Name and T Address Name and Ti	of stock is: TAL OFFICERS AND/OR DIRECTOR itle: 6625 MIAMI LAKES DR #327 MIAMI LAKES, FL 33014	Name and Title: Address: Name and Title:	
The number of shares ARTICLE V INTA Name and T Address Name and Ti Address	of stock is: TAL OFFICERS AND/OR DIRECTOR itle: 6625 MIAMI LAKES DR #327 MIAMI LAKES, FL 33014	Name and Title: Address: Name and Title: Address: Address:	
The number of shares ARTICLE V INTA Name and T Address Name and Ti Address	of stock is: TAL OFFICERS AND/OR DIRECTOR itle: LESLIE LLUVET (P) 6625 MIAMI LAKES DR #327 MIAMI LAKES, FL 33014	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	

Name and	l Title:	Name and Title:		
Address		Address:		
	REGISTERED AGENT prida street address (P.O. Box NOT acceptal	ole) of the registered agent is:		
Name:	TAMARA RODRIGUEZ	, ,		
Address:	6625 MIAMI LAKES DR #327		574 -	
	MIAMI LAKES, FL 33014		ALLANA. I	
ARTICLE VII 1	NCORPORATOR		JUN 28 AM 5: 39 Jana Sere, Florida	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:				
Name:	LESLIE LLUVET		<u>.</u>	
Address:	6625 MIAMI LAKES DR #327		(A)	
1141033	MIAMI LAKES, FL 33014			
Effective date, if o	EFFECTIVE DATE: ther than the date of filing:	. (OPTIONAI	ር)	
(If an effective da filing.)	te is listed, the date must be specific and c	annot be more than five days	prior or 90 days after the	
Note: If the date i	nserted in this block does not meet the applic	able statutory filing requiremen	ns, this date will not be listed as	
the document's eff	fective date on the Department of State's reco	rds.		
Having been name this certificate, I as	ed as registered agent to accept service of pr m familiar with and accept the appointment of	ocess for the above stated corpo is registered agent and agree to	ration at the place designated in act in this capacity	
	talka	•	06/27/19	
	Required Signature/Registered Agent		Date	
I submit this docu document to the D	ment and affirm that the facts stated herein epartment of State constitutes a third degree,	are true. I am aware that the j felony as provided for in x817.1	false information submitted in a 355, F.S.	
	H	-	06/22/19	
Require	ed Signature/Incorporator		Date	