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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 : FANJUL CPA, INC.
Account Number : I20130000039
Phone : (305)603-8791
Fax Number : (877)503-6086

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

19 SEP 11 AM 11:12
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
MUSIVIDA PUBLISHING USA CORP

Certificate of Status	0
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Page Count	01
Estimated Charge	\$70.00

2019 SEP 11 PM 2:03

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Corporate Filing Menu

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K. PAGE

SEP 12 2019

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

ARTICLE I NAME MUSIVIDA PUBLISHING USA CORP
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
9605 SW 132 CT
MIAMI, FL 33186

Mailing address, if different is:
9605 SW 132 CT
MIAMI, FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VICTOR DANIEL-P Name and Title: _____
Address: 8605 SW 132 CT Address: _____
MIAMI, FL 33186

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

19 SEP 11 AM 11:12
FALL WASH STATE FLORIDA
JANISCE LE... OF

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: VICTOR DANIEL
 Address: 8605 SW 132 CT
MIAMI, FL 33186

STATE OF FLORIDA
 DIVISION OF CORPORATIONS
 19 SEP 11 AM 11:12
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VICTOR DANIEL
 Address: 8605 SW 132 CT
MIAMI, FL 33186

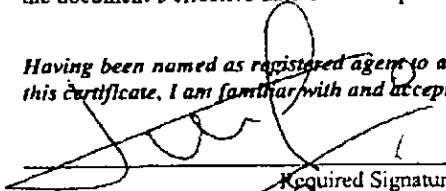
ARTICLE VIII EFFECTIVE DATE:

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

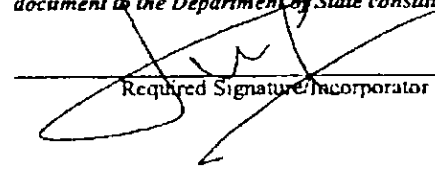


 Required Signature/Registered Agent

9/11/19

 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

9/11/19

 Date