

Division of Corporations

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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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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : E & F LATIN GROUP LLC
Account Number : I20160000049
Phone : (954) 384-8565
Fax Number : (954) 385-5175

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

Email Address: diego@eflatinaccounting.com

FLORIDA PROFIT/NON PROFIT CORPORATION MONKEY FILMS CORP

Certificate of Status	1
Certified Copy	0
Page Count	04
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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: MONKEY FILMS CORP

(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 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: E&F LATIN GROUP LLC

Name (Printed or typed)

1820 N CORPORATE LAKES BLVD SUITE 109

Address

WESTON, FL 33326

City, State & Zip

954 384 8565

Daytime Telephone number

DIEGO@EFLATINACCOUNTING.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 NAMEThe name of the corporation shall be: MONKEY FILMS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
1401 SAWGRASS CORPORATE PARKWAY

Mailing address, if different is:

SUNRISE FL 33323**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: All Lawfull Purposes**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: NICOLAS JULLIAN URENDA - P

Name and Title: _____

Address 1401 SAWGRASS CORPORATE

Address: _____

PARKWAYSUNRISE FL 33323

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
19 NOV 19 PM 02:28
CLERK OF DISTRICT COURT
JULIA S. SEXTON

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: E&F LATIN GROUP LLC

Address: 1820 N CORPORATE LAKES BLVD

SUITE 109, WESTON, FL 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DIEGO FIGUEROA

Address: 1820 N CORPORATE LAKES BLVD

SUITE 109, WESTON, FL 33326

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 19 NOV 19 PM 0:20
 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 11/14/2019 (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

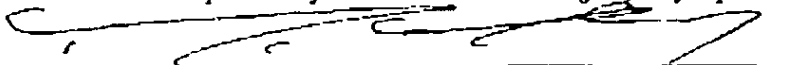


 Required Signature/Registered Agent

11/15/2019

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

11/15/2019

Date