

P19000091679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

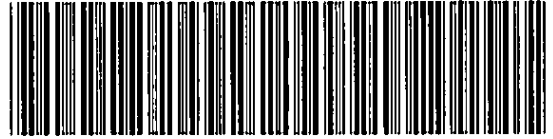
(Business Entity Name)

(Document Number)

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

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AT WASHINGTON, D.C.

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AT WASHINGTON, D.C.

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PSP CONSULTING PRODUCTIONS

CHILE INC

Signature \_\_\_\_\_

Requested by:

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_\_ Courier \_\_\_\_\_

## COVER LETTER

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

SUBJECT: **PSP CONSULTING PRODUCTIONS CHILE 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 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: **MAGALY MENDOZA**  
Name (Printed or typed)

**10541 NW 66TH STREET**  
Address

**DORAL, FL. 33178**  
City, State & Zip

**305-305-3780**  
Daytime Telephone number

**MAGALY@GMAFLLC.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: **PSP CONSULTING PRODUCTIONS INC**

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
**7700 N KENDALL DRIVE**  
**OFFICE 300 -E**  
**MIAMI, FL 33156**

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
**ANY AND ALL LAWFULL BUSINESS**

## ARTICLE IV SHARES

The number of shares of stock is: **100**

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **PSP CONSULTING PRODUCTIONS SPA - OFFICER**  
Address: **LIBERTADOR BERNARDO O'HIGGINS No 949**  
**OFFICE No 602**  
CIUDAD SANTIAGO, COMUNA SANTIAGO, REGION METROPOLITANA, CHILE

Name and Title: **HENDERSON J SANGUINO - DIRECTOR**  
Address: **LIBERTADOR BERNARDO O'HIGGINS No 949**  
**OFFICE No 602**  
CIUDAD SANTIAGO, COMUNA SANTIAGO, REGION METROPOLITANA, CHILE

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

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

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

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

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **MAGALY MENDOZA**  
Address: **10541 NW 66TH STREET**  
**DORAL, FL 33178**

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **MAGALY MENDOZA**  
Address: **10541 NW 66TH STREET**  
**DORAL, FL 33178**

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:

*Magaly Mendoza*

Required Signature/Registered Agent

12/01/2019

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.

*Magaly Mendoza*

Required Signature/Incorporator

12/01/2019

Date

FILED  
19 DEC 12 PM 5:46  
SECRETARY OF STATE  
TAMMASEE, FL 32301