Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : JULIO MORAN MULTI-SERVICES, CORP.

Account Number : I20190000059

Phone : (305)643-3922

Fax Number : (305)643-3211

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

Email Address: LarGaespada 7612 @ Gmuil.com

FLORIDA PROFIT/NON PROFIT CORPORATION DYLAN MEDIA PRODUCTIONS, CORP

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COVER LETTER

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

SUBJECT: DYLAN MEDIA PRODUCTION	S CORP	
SUBJECT: <u>DYLAN MEDIA PRODUCTION</u> (PROPOSED CORPORA	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an original and one (1) copy of the art	ticles of incorporation and	l a check for:
□ \$70.00 □ \$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: DYLAN MEDIA PRODUCTION	NS, CORP e (Printed or typed)	
2420 NW 65th STREET	Address	
MIAMI, FL 33147		
City,	, State & Zip	
786 – 368 - 4521 Daytime T	Telephone number	

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

H20000184898 3

Largaespada7612@gmail.com

ARTICLES OF INCORPORATION

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

	ration shall be: <u>DYLAN MEDIA PRODUCT</u>	ONS, CORP	
RTICLEII PRI 20 NW 65 TH STE IAMI, FL 33147	Deignamul atmost address	SAME	Mailing address, if different is:
RTICLEIII PUR e purpose for which	POSE in the corporation is organized is: TV VIDEO	ADVERTISING	;
			70 G
RTICLE IV SHAP ne number of shares o	f stock is: 100		JUN 17
	AL OFFICERS AND/OR DIRECTORS le: MARVIN A. LARGAESPADA/ P	Name and Title	Fil 2: 5
Address	2420 NW 65th STREET MIAMI, FL 33147	_ Address:	
Name and Title	:		
Address		Address:	· ·
Name and Title	·		
Audiess		Address:	

Name	and Title:	Name and Title:	
Addre		Address	
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable	le) of the registered agent is:	
Name:	MARVIN A. LARGAESPADA		
Address:	2420 NW 65th STREET		
	MIAMI, FL 33147		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		
Name:	MARVIN A. LARGARSPADA		
Address:	2420 NW 65th STREET		
	MIAMI, FL 33147	<u> </u>	
Effective date, if (If an effective of filing.) Note: If the date	EFFECTIVE DATE: other than the date of filing: JUNE 17, 2020 late is listed, the date must be specific and can inserted in this block does not meet the applications of state on the Department of State's record	unot be more than five days prior	
Having been nan	ned as registered agent to accept service of proces amiliar with and accept the appointment as regis	ss for the above stated corporation at stered agent and agree to act in this (capacity
THE	Required Signature/Registered Agent		06-17-2020 Date
I submit this doc document to the l	ument and affirm that the facts stated herein a Department of State constitutes a third degree fel	ony as provided for in s.817.155, F.S	3 .
Required Signatur	fe/Incorporator	Date	06-17-2020