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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : L & R INTERNATIONAL FIRM INC
Account Number : I2020000026
Phone : (786)413-4344
Fax Number : (305)222-9004

****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
GUARDIAN STUDIO GROUP CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	04
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COVER LETTER

H200002347403

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

SUBJECT: GUARDIAN STUDIO GROUP CORPORATION
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: JHONNY JULIAN RESTREPO AGUIRRE
Name (Printed or typed)

200 177TH DR APT 409
Address

NORTH MIAMI BEACH, FL 33160
City, State & Zip

848-224-0513
Daytime Telephone number

STUDIOJULIANRESTREPO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

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STATE
TALLAHASSEE, FL

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

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ARTICLE I NAMEThe name of the corporation shall be: GUARDIAN STUDIO GROUP CORPORATION**ARTICLE II PRINCIPAL OFFICE**Principal street address
200 177TH DR APT 409
NORTH MIAMI BEACH, FL 33160

Mailing address, if different is:

200 177TH DR APT 409
NORTH MIAMI BEACH, FL 33160
ARTICLE III PURPOSEThe purpose for which the corporation is organized is: PROFESSIONAL SERVICES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JHONNY JULIAN RESTREPO AGUIRRE Name and Title: PRESIDENT
Address 200 177TH DR APT 409
NORTH MIAMI BEACH, FL 33160

Address: _____

Name and Title: JENNIFER NATALY FLOREZ CASTIBLANCO Name and Title: VICE-PRESIDENT
Address 200 177TH DR APT 409
NORTH MIAMI BEACH, FL 33160

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: OSCAR LOPEZ
Address: 8410 WEST FLAGLER ST STE 205
MIAMI, FL 33144

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: OSCAR LOPEZ
Address: 8410 WEST FLAGLER ST STE 205
MIAMI, FL 33144

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TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 07/20/2020 (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 7/28/2020
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 7/28/2020
Date

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