

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

PA 0000083459

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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
 PALM FILM INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECOND REQUEST
Original Fax Date is 10/16/20

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Corporate Filing Menu

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2020 OCT 26 PM 3:05
 2020 OCT 26 PM 12:25

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:

PALM FILM INC.ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

12520 SW 32 ST.
MIAMI, FL. 33175ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL PURPOSESARTICLE IV SHARES

The number of shares of stock is:

100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: PETER A. BETANCOURTName and Title: JAVIER J. BETANCOURT

Address

P/T/D

Address:

V/S/D12520 SW 32 ST.12520 SW 32 ST.MIAMI, FL. 33175MIAMI, FL. 33175

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2020 JUN 26 PM 3:05
CLERK OF DISTRICT COURT
MIAMI, FL.

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: PETER A. BETANCOUAT
Address: 12520 SW 32 ST.
MIAMI, FL. 33175

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

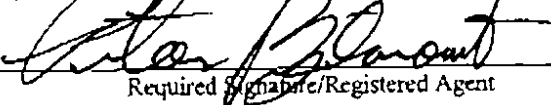
Name: PETER A. BETANCOUAT
Address: 12520 SW 32 ST.
MIAMI, FL. 33175

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 10/16/2020 (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

10/16/2020
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

Date 10/16/2020

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DEPARTMENT OF
STATE
TALLAHASSEE, FL