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| | u | - |

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FANJUL ENTERPRISES LLC

Account Number : I20190000080 Phone

: (305)603-8791

Fax Number : (877)503-6086

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

Email Address:_____

T

FLORIDA PROFIT/NON PROFIT CORPORATION DIGITAL INFLUENCE PRODUCTIONS CORP

| Certificate of Status | 0 |
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Help

ınjul Fax: 18775036086

To:

Fax: (850) 617-6381

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

| he name of the corp | oration shall be: DIGITAL INFLUENCE | PRODUCTIONS CORP |) | | |
|-----------------------------------|--|--|-----------------------------------|--|--|
| RTICLE II PRI | | | Mailing address, if different is: | | |
| 12 NE 120TH ST ISCAYNE PARK, F | L 33161 | | | | |
| | | ¥ | | | |
| RTICLE III PUI | RPOSE the corporation is organized is: | | | | |
| ANY AND ALL L | AWFUL PURPOSES | | | | |
| | | | | | |
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| | | <u> </u> | | | |
| | | | | | |
| | | | | | |
| RTICLE IV SHA | | | | | |
| ne number of shares | of stock is: 1000 | | | | |
| RTICLE V INI | TIAL OFFICERS AND/OR DIRECTORS | Σ | | | |
| Name and T | itle: NICOLAS I GARCIA-P | Name and Title | nd Title: FLORENCIA M MOYANO-VP | | |
| Address | RUTA 205 KM 70, CANUELAS | Address: MORELOS 1030, LOMAS DEL MIRADOR | | | |
| | BUENOS AIRES, ARGENTINA | | BUENOS AIRE, ARGENTINA | | |
| | CP 1814 | | CP 1752 | | |
| Name and Ti | (le: | Name and Title | : | | |
| Address | | Address: | | | |
| | | | 20 | | |
| | | | 18 B | | |
| | | | 8 29 | | |
| Name and Title: | | NI I mid- | $_{i}$ | | |
| Address | tle: | Name and Title | - | | |
| • 14cm c3.3 | | | | | |
| . 1641 (3.) | | Address: | AH :20 | | |
| . 144 (53) | | Address: | | | |

| Name and | Title: | Name and Title: | |
|---|---|---|----------------------|
| Address | | Address: | |
| | | | |
| | | · | |
| | | | |
| | REGISTERED AGENT orida street address (P.O. Box NOT acceptable) | of the registered agent is: | |
| Name: | NICOLAS I GARCIA | | |
| Address: | 842 NE 120TH ST | | |
| | BISCAYNE PARK, FL 33161 | | |
| <u> IRTICLE VII - I</u> | NCORPORATOR | | |
| The name and add | dress of the Incorporator is: | | |
| Name: | NICOLAS I GARCIA | _ | |
| Address: | 842 NE 120TH ST | | |
| | BISCAYNE PARK, FL 33161 | <u> </u> | |
| ADTICLE VIII | EFFECTIVE DATE: | | |
| Effective date, if o | other than the date of filing:ate is listed, the date must be specific and cam | . (OPTIONAL) not be more than five days prior or 90 da | ys after the |
| | inserted in this block does not meet the applicab Tective date on the Department of State's record | | ill not be listed as |
| Having been name certificaté, Jam fa | ed as registered agent to accept service of process miliar with and accept the appointment as regist | s for the ubove stated corporation at the plac tered agent and agree to act in this capacity | e designated in this |
| \times /// | | X 03 | /26/21 |
| | Required Signature/Registered Agent | | Date / |
| I submit this docu | ment and affirm that the facts stated herein a epartment of State constitutes a third degree felo | re true. I am aware that the false informat | ion submitted in a |
| × // | epariment of state constitutes a tima degree feet | × 04 | 126/21 |
| Required Signatur | c/Incorporator | Date | 2021 |
| νγ | | A 555 (E) | 14,729 |
| | | | A in |
| | | - ************************************ | - |

Fax: (850) 617-6381

Page: 3 of 3

03/29/2021 9:05 AM

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tnjul

Fax: 18775036086

To: