

P21000066610Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
A M AUDIOVISUAL PRODUCTIONS, CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2021 JUL 20 PM 4:49

2021 JUL 20 PM 3:39

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COVER LETTER

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

SUBJECT: A M AUDIOVISUAL PRODUCTIONS, CORP
(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: MARVIN A. LARGAESPADA

Name (Printed or typed)

2420 NW 65th STREET

Address

Miami, FL 33147

City, State & Zip

786-368-4521

Daytime Telephone number

Largaespada7612@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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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: A M AUDIOVISUAL PRODUCTIONS, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
531 NE 43 STREET
POMPANO BEACH, FL 33064

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: VIDEO, AUDIOVISUAL PRODUCTIONS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ABYU PEREZ / PRESIDENT

Name and Title: MARVIN A. LARGAESPADA / VP

Address 531 NE 43 STREET
POMPANO BEACH, FL 33064

Address: 2420 NW 65 STREET
MIAMI, FL 33147

Name and Title: MANUEL R. BARRIOS / T

Name and Title: _____

Address 633 NE 2 AVENUE, APT. 14
FORT LAUDERDALE, FL 33304

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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

ARTICLE VI REGISTERED AGENT

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

Name: ABYU PEREZ
Address: 531 NE 43 STREET
POMPANO BEACH FL 33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ABYU PEREZ
Address: 531 NE 43 STREET
POMPANO BEACH FL 33064

ARTICLE VIII EFFECTIVE DATE:


Effective date, if other than the date of filing: APRIL 30 / 2021 (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

ABYU PEREZ


Required Signature/Registered Agent

06-30-2021
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

06-30-2021

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