

Division of Corporations  
**P22000028287**  
 Florida 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 : WISE TAX FIRM INC.  
 Account Number : 120210000019  
 Phone : (786)520-0001  
 Fax Number : (786)227-6631

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

Email Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS  
 COMMERCIAL  
 SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION  
 BC STUDIOS CORP**

|                       |    |
|-----------------------|----|
| Certificate of Status | 0  |
| Certified Copy        | 0  |
| Page Count            | 01 |
| Estimated Charge      |    |

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 TALLAHASSEE, FL  
 STATE

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Corporate Filing Menu

Help

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

BC STUDIOS CORP

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

6947 SW 115th PL MIAMI, FL 33173-1804

**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Mariem Melitza Meneses de la Ossa/President

6947 SW 115th PL MIAMI, FL 33173-1804

Beatriz Betzabe Meneses de la Ossa/VicePresident

6947 SW 115th PL MIAMI, FL 33173-1804

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Mariem Melitza Meneses de la Ossa

6947 SW 115th PL MIAMI, FL 33173-1804

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Mariem Melitza Meneses de la Ossa

6947 SW 115th PL MIAMI, FL 33173-1804

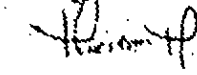
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DATE

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**Required Signatures:**

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

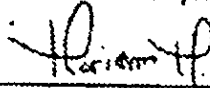


Registered Agent

4/13/22

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.



Incorporator

4/13/22

Date

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