

P22000032861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

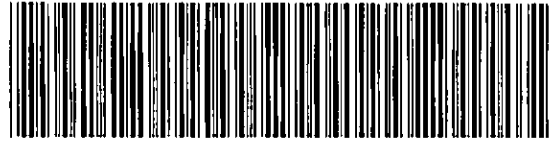
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/29/22--01021--007 **70.00

RECEIVED
2022 APR 29 PM 3:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED
2022 MAY -3 AM 8:30
TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

AVALON PRODUCTIONS INC

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

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

SUBJECT: Avalon Productions Inc
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Diego L. Restrepo, Esq.,
Name (Printed or typed)

2600 South Douglas Road, Suite 913
Address

Coral Gables FL, 33134
City, State & Zip

305-447-9430
Daytime Telephone number

rafael@restrepolaw.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2022 MAY -3 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 1, 2022

CAPITAL CONNECTION

SUBJECT: AVALON PRODUCTIONS INC
Ref. Number: W22000056539

We have received your document for AVALON PRODUCTIONS INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 322A00010064

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: Avalon Productions Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
2050 Coral Way # 405

Miami, FL 33145

Mailing address, if different is:
2050 Coral Way # 405

Miami, FL 33145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Film promotion.

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2022 MAY - 3 AM 8:30
SEATTLE, WA
ID

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fernando Arciniega, President/Director Name and Title: Claudia del Castillo, Secretary/Director

Address: 1331 Brickell Bay Drive # 511 Address: Planta Bomboná 19, Colonia Electra,
Miami, FL 33131 Tlalnepanitla Estado de México CP 54060

Name and Title: Martha Rosende, Treasurer/Director Name and Title: _____

Address: 531 Parkmont CT Address: _____
San Antonio, TX 78258-4889

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: International Corporate Service Inc

Address: 2600 South Douglas Road, Suite 913

Coral Gables FL 33134

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Diego L. Restrepo Esq.,

Address: 2600 South Douglas Road, Suite 913

Coral Gables FL, 33134

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (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

Diego L. Restrepo Esq.
Required Signature/Registered Agent

5/3/2022
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.

Diego L. Restrepo Esq.
Required Signature/Incorporator

Date

5/3/2022

FILED
2022 MAY -3 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FL
3D