

P220000038388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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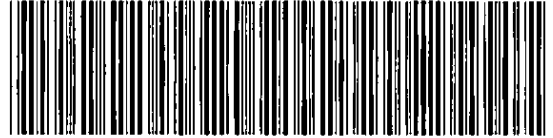
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
2022 MAY 17 PM 2:22
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2022 MAY 17 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

1. PISO 21 MANAGEMENT INC.

PLEASE RETURN A CERTIFIED COPY

CHECK# 9266 FOR: \$157.50 (\$78.75 for this filing)

THANK YOU!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2022

FLORIDA RESEARCH

SUBJECT: PISO 21 MANAGEMENT INC
Ref. Number: W22000064745

We have received your document for PISO 21 MANAGEMENT INC and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Since you have two filings with same address I did not know which is correct. This one has c/o Citrin Cooperan in the entire Articles.

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: 222A00011337

RE-SUBMITTING
W/ CORRECTIONS
PLEASE RETAIN
ORIGINAL SUBMISSION
DATE

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: PISO 21 MANAGEMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
50 ROCKEFELLER PLAZA, 4TH FLOOR
NEW YORK, NY 10020

Mailing address, if different is:
c/o CITRIN COOPERMAN
50 ROCKEFELLER PLAZA, 4TH FLOOR
NEW YORK, NY 10020

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MUSIC PRODUCTIONS

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PABLO MEJIA - PRESIDENT

Address: c/o CITRIN COOPERMAN

50 ROCKEFELLER PLAZA, 4TH FLOOR

NEW YORK, NY 10020

Name and Title: MARIA DEL PILAR LOPEZ - TREAS.

Address: c/o CITRIN COOPERMAN

50 ROCKEFELLER PLAZA, 4TH FLOOR

NEW YORK, NY 10020

Name and Title: SEBASTIAN MEJIA - SECRETARY

Address: c/o CITRIN COOPERMAN

50 ROCKEFELLER PLAZA, 4TH FLOOR

NEW YORK, NY 10020

Name and Title: JUAN D. HUERTAS - DIRECTOR

Address: c/o CITRIN COOPERMAN

50 ROCKEFELLER PLAZA, 4TH FLOOR

NEW YORK, NY 10020

Name and Title: DAVID ESCOBAR - DIRECTOR

Address: c/o CITRIN COOPERMAN

50 ROCKEFELLER PLAZA, 4TH FLOOR

NEW YORK, NY 10020

Name and Title: DAVID LORDUY - DIRECTOR

Address: c/o CITRIN COOPERMAN

50 ROCKEFELLER PLAZA, 4TH FLOOR

NEW YORK, NY 10020

FILED
2022 MAY 17 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FL

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: REGISTERED AGENT SOLUTIONS, INC.

Address: 155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

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

Name: CELESTE RHINE

Address: P.O. BOX 92095
HENDERSON, NV 89009

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

Sandra Linares, Sandra Linares, Assistant Secretary
Required Signature/Registered Agent

5/16/2022
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.

Celeste Rhine
Required Signature/Incorporator

5/16/2022
Date

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TALLAHASSEE, FL