P22000060971

(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.

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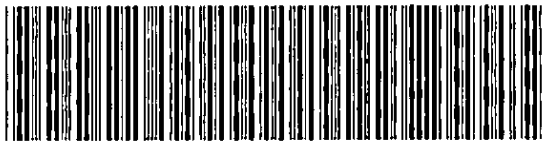

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S. CHATHAM
AUG - 3 2022

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FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

1. TICKET VIP EXP INC.

PLEASE RETURN A CERTIFIED COPY

CHECK# 9332 FOR: $78.75

THANK YOU!

22 AUG -2 PM 3:15

COVER LETTER

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

22 AUG -2 AM 8:15

SUBJECT: Ticket VIP EXP 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 Filing Fee

☐ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: _____
Name (Printed or typed)

_____
Address

_____
City, State & Zip

_____
Daytime Telephone number

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

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

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: Ticket VIP EXP Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

50 ROCKEFELLER PLAZA, 4TH FLOOR
NEW YORK, NY 10020

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ENTERTAINMENT / SHOW BUSINESS PRODUCTIONS AND EVENTS.

22 AUG -2 PM 3:15

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OSCAR MEJIAS / PRESIDENT
Address: 50 ROCKEFELLER PLAZA, 4TH FLOOR
NEW YORK, NY 10020

Name and Title: DANIEL MERINO / TREASURER
Address: 50 ROCKEFELLER PLAZA, 4TH FLOOR
NEW YORK, NY 10020

Name and Title: MARIA DEL PILAR LOPEZ / SEC.
Address: 50 ROCKEFELLER PLAZA, 4TH FLOOR
NEW YORK, NY 10020

Name and Title: OSCAR MEJIAS / DIRECTOR
Address: 50 ROCKEFELLER PLAZA, 4TH FLOOR
NEW YORK, NY 10020

Name and Title: DANIEL MERINO / DIRECTOR
Address: 50 ROCKEFELLER PLAZA, 4TH FLOOR
NEW YORK, NY 10020

Name and Title:
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: REGISTERED AGENT SOLUTIONS, INC.

Address: 155 OFFICE PLAZA DR., STE A

TALLAHASSEE, FL 32301

22 AUG -2 PM 3:15

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, Assistant Secretary — 8/2/2022

Required Signature/Registered Agent — 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 — 8/2/2022

Required Signature/Incorporator — Date