

Aug. 25, 2022 9:04 PM

GEALD WEINBERG

Division of Corporations

No. 3843 P. 1

P220006521

Florida Department of State
Division of Corporations
Public Accounting Commission

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

****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
JS REPS MIAMI INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2022 AUG 25 PM 3:59

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No. 3843 P. 2

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: JS REPS MIAMI INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

242 WASHINGTON AVENUE

242 WASHINGTON AVENUE

MIAMI BEACH, FL 33139

MIAMI BEACH, FL 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ARTIST MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JORDAN SHIPENBERG, P

Name and Title: _____

Address

242 WASHINGTON AVENUE

Address: _____

MIAMI BEACH, FL 33139

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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GEALD WEINBERG

(H22000288460 3) No. 3843 P. 3

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: JORDAN SHIPENBERG

Address: 242 WASHINGTON AVENUE

MIAMI BEACH, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAWRENCE A. KIRSCH

Address: 41 STATE STREET, SUITE 700

ALBANY, NEW YORK 12207

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

/s/ Jordan Shipenberg
Required Signature/Registered Agent

08/25/2022
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.

Lawrence A. Kirsch
Required Signature/Incorporator

08/25/2022
Date