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Division of Corporations

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From:

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Account Number : I20180000102 Phone

: (305)799-7633

Fax Number

: (786)783-3650

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### FLORIDA PROFIT/NON PROFIT CORPORATION ACIREH MUSIC CORP

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2022	

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## **AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally appeared **HELIDA SOUZA PAULINO**, who after being firstly duly sworn, under oath, deposes and says:

- 1. The undersigned is the President of ACIREH MUSIC, CORP. a Florida corporation to be filed with the Florida Department of State on or about 11/10/2020.
- 2. The undersigned hereby consents to and authorizes the use by ACIREH MUSIC, CORP. of the name ACIREH MUSIC, CORP. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

HELIDA SOUZA PARANO

STATE OF FLORIDA

**COUNTY OF MIAMI-DADE)** 

Driver License:

PERSONALLY appeared before mc, HELIDA SOUZA PAULINO, who is personally known too me, who being by my first duly swom, acknowledges that he signed the foregoing for the purposest therein expressed.

Witness my hand and official seal this 07 days of November, 2022.

Notary Public Signature

Aug, 27, 2024

DAIANA AMADOR
State of Florida - Notary Public
Commission # HH 37154
My Commission Expires Aug. 27, 2024

<u>p.3</u>

#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAM! The name of the corpo	${\it E} \over {\it c}$ oration shall be: ${\it ACIREH_MUSIC.C}$	CORP	<del></del>	
ARTICLE II PRIN	SCIPAL OFFICE Principal street address	Mailing address	, if different is:	
110 SE 10TH ST	TREET APT. 201K	110 SE 101	H STREET APT. 20	)1K
DEERFIELD BE	ACH. FL 33441	DEEREIELI	D BEACH, FL 33441	
ARTICLE III PURI The purpose for which	POSE the corporation is organized is: ANY AN	ID ALL LAWFUL BUSINES	SS	
		Name and Title:	22 NOV -8 AM 8 SECRETARY OF S TALLAHASSEE. FI	FILED
Address	DEERFIELD BEACH, FL 33441	Address:	1.00 S : \$0	
Name and Tit	le:	Name and Title:		
Address		Address:		

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Name and Title:	Name and Title:
Address	Address:
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	<del></del>
Name and Title:	Name and Title:
Address	Address:
•	
ARTICLE VI REGISTERED AGENT	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Bo	x NOT acceptable) of the registered agent is:
The name and Florida street address (P.O. Bo	x NOT acceptable) of the registered agent is:
The name and Florida street address (P.O. Bo Name: HELIDA SOUZA PAULINO	x NOT acceptable) of the registered agent is:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Bo Name: HELIDA SOUZA PAULINO Address: 110 SE 10TH STREET APT. 201K DEERFIELD BEACH, FL 33441	x NOT acceptable) of the registered agent is:
The name and Florida street address (P.O. Bo Name: HELIDA SOUZA PAULINO Address: 110 SE 10TH STREET APT. 201K DEERFIELD BEACH, FL 33441	x NOT acceptable) of the registered agent is:
The name and Florida street address (P.O. Bo Name: HELIDA SOUZA PAULINO Address: 110 SE 10TH STREET APT. 201K DEERFIELD BEACH, FL 33441	x NOT acceptable) of the registered agent is:  SECRE IARY OF TALLAHASSEE.
The name and Florida street address (P.O. Bo Name: HELIDA SOUZA PAULINO Address: 110 SE 10TH STREET APT. 201K DEERFIELD BEACH, FL 33441  ARTICLE VII INCORPORATOR	x NOT acceptable) of the registered agent is:
The name and Florida street address (P.O. Bo Name: HELIDA SOUZA PAULINO Address: 110 SE 10TH STREET APT. 201K	x NOT acceptable) of the registered agent is:  SECRE IARY OF TALLAHASSEE.
The name and Florida street address (P.O. Bo Name: HELIDA SOUZA PAULINO  Address: 110 SE 10TH STREET APT. 201K  DEERFIELD BEACH, FL 33441  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	x NOT acceptable) of the registered agent is:  SECRE IARY OF TALLAHASSEE.
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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

/A / Paulino Helida Louca 11/07/22

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.

121 Paulino Webbe Laura

Required Signature/Incorporator

11/07/22

Date

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SECREJARY OF STATE