P2300006619

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
(Bocament wanter)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	_
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S. CHATHAM

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SECRETARY OF STATE
TALL ANA SCIPE FLORID

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CAPITAL CONNECTION, INC.

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

Lilac Productions In	c			
	<u>-</u> <u>-</u> -			
				
				
				Art of Inc. File
		<u> </u>		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
			\pm	Cert. Copy
				Photo Copy
		_		Certificate of Good Standing
		_		Certificate of Status
		_		Certificate of Fictitious Name
		_		Corp Record Search
		_		Officer Search
		} _	<u>_</u>	Fictitious Search
Signature		 _		Fictitious Owner Search
-		_		Vehicle Search
	-			Driving Record
Requested by: SETH	01/26/23	_		UCC 1 or 3 File
Name	Date Time	 -		UCC 11 Search
		-		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

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: LILAC PRODUCTIONS INC ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 5 N. OSCEOLA AVE. UNIT 308 2121 PONCE DE LEON BLVD., STE. 1050 CLEARWATER, FL 33755 CORAL GABLES, FL 33134 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ---P.3 ARTICLE IV SHARES The number of shares of stock is: 100 SHARES ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: FIONA ALEESHA ESTRADA-RICCO, PD Name and Title: 5 N. OSCEOLA AVE., UNIT 308_____ Address: Address CLEARWATER, FL 33755 Name and Title: ROXANA CARINA RICCO GOMEZ, S Name and Title: Address 5 N. OSCEOLA AVE., UNIT 308 _____ Address: CLEARWATER, FL 33755 Name and Title:_____Name and Title:_____ Address _____ Address:

Name a	and Title:	Name and Title:	
Addre	ss	Address:	
		-	
ARTICLEM	DECLETEDED ACCOUNT		
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Consulting Services of South Florida Inc		
Address:	2121 Ponce de Leon Blvd., Ste. 1050		₩ <u>-</u>
	CORAL GABLES, FL 33134	<u></u>	
<u>ARTICLE VII</u>	INCORPORATOR		74 17:
The <u>name and a</u>	ddress of the Incorporator is:		ii.
Name:	ANTONIO GARCIA		
Address:	2121 PONCE DE LEON BLVD., STE. 1	050	
	CORAL GABLES, FL 33134		
ARTICLE VIII	<u>EFFECTIVE DATE:</u>		
Effective date, i	f other than the date of filing:	. (OPTIONAL) nnot be more than five days prior	or 90 days after the
	inserted in this block does not meet the applical	ole statutory filing requirements, this	date will not be listed as
the document's	effective date on the Department of State's recor	ds.	
Having been nan certificate, I am j	ned as registered agent to accept service of proces familiar with and accept the appointment as regist	s for the above stated corporation at t ered agent and agree to act in this cap	he place designated in thi. pacity
	- Antholan	44-	01-26-2023
	Required Signature/Registered Agent		Date
submit this doc document to the	cument and affirm that the facts stated herein a Department of State constitutes of third degree for	re true. I am aware that the false in clony as provided for in s.817.155, F	formation submitted in (.S.
	forth Jan		01-26-2023
Required Signati	re/Incorporator	Date	