

P23000059809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

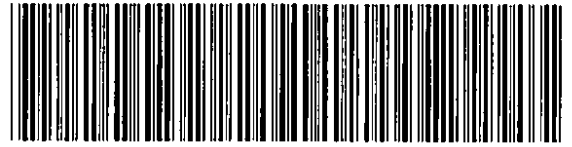
(Business Entity Name)

(Document Number)

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

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236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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**WALK IN**

**PICK UP:      BROOK 7/25**

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**XX      CERTIFIED COPY** \_\_\_\_\_

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**XX      FILING**

**INC** \_\_\_\_\_

**1.      ORFEON MUSIC CORPORATION**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 25, 2023

*corrected*

CORPOATE ACCESS, INC.

SUBJECT: ORFEON MUSIC CORPORATION  
Ref. Number: W23000101761

We have received your document for and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO  
Regulatory Specialist II  
New Filing Section

Letter Number: 623A00016701

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: ORFEON MUSIC CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
150 Alhambra Circle  
Suite 1150  
Coral Gables, FL 33134

Mailing address, if different is:  
150 Alhambra Circle  
Suite 1150  
Coral Gables, FL 33134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: for any and all lawful business

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Edmundo Monroy Ortiz, P  
Address Calle San Isidro, numero 44, piso 7  
Colonia Reforma Social, Alcaldia Miguel Hidalgo  
Ciudad de Mexico, Mexico C.P. 11650

Name and Title: Juan Pablo Zuniga Azcarraga VP  
Address: Calle San Isidro, numero 44, piso 7  
Colonia Reforma Social, Alcaldia Miguel Hidalgo  
Ciudad de Mexico, Mexico C.P. 11650

Name and Title: Raul Garnica Hernandez, S  
Address Calle San Isidro, numero 44, piso 7  
Colonia Reforma Social, Alcaldia Miguel Hidalgo  
Ciudad de Mexico, Mexico C.P. 11650

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_  
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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: Nicole J. Huesmann, P.A.

Address: 150 Alhambra Circle, Suite 1150

Coral Gables, FL 33134

**ARTICLE VII INCORPORATOR**

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

Name: Nicole J. Huesmann, Esquire

Address: 150 Alhambra Circle, Suite 1150

Coral Gables, FL 33134


**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.)

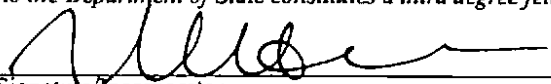
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent

7/25/2023  
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.*

  
Required Signature/Incorporator

7/25/2023  
Date

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