

P24000019031

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
OH WHAT A SHOW ENTERTAINMENT CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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MAR 15 PM 3:35
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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 OH WHAT A SHOW ENTERTAINMENT CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

1190 NE 32 AVE

HOMESTEAD, FL 33033

Mailing address, if different is:

1190 NE 32 AVE

HOMESTEAD, FL 33033

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARELIS RODRIGUEZ SANZ - P

Name and Title: _____

Address 1190 NE 32 AVE

Address: _____

HOMESTEAD, FL 33033

Name and Title: ISRAEL MORALES - VP

Name and Title: _____

Address 1190 NE 32 AVE

Address: _____

HOMESTEAD, FL 33033

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: ISRAEL MORALESAddress: 1190 NE 32 AVE
HOMESTEAD, FL 33033**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: ISRAEL MORALESAddress: 1190 NE 32 AVE
HOMESTEAD, FL 33033**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*11
Signature of Registered Agent

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.*11
Signature of Incorporator

Required Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA