

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

PAID 028219

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.

((H24000147995 3)))



H240001479953ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : FLORIDA ACCOUNTING & BUSINESS CONSULTING LLC
Account Number : I20200000185
Phone : (754)200-4294
Fax Number : (844)254-4044

****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
TX PRODUCTIONS CORP**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

FILED
2024 APR 23 PM 1:00
T.S.H.
4/24/24

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

TX PRODUCTIONS CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

8345 SUNRISE LAKES BLVD APT 101

SUNRISE FL 33322

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

MARIANO J CONTRERAS VP

RENE ALEJANDRO HUERGA P

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

MARIANO J CONTRERAS

8345 SUNRISE LAKES BLVD APT 101

SUNRISE FL 33322

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

MARIANO J CONTRERAS

8345 SUNRISE LAKES BLVD APT 101

SUNRISE FL 33322

SECRET
STATE
FLORIDA

APR 23 PM 11:00

FILED

Required Signatures:

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

MARIANO J CONTRERAS

04/23/2024

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.

MARIANO J CONTRERAS

04/23/2024

Incorporator_____
Date

FILED
2024 APR 27 PM 1:00
SECRETARY OF STATE
FLORIDA