

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

Office Use Only





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	01/06/2025	
Name:	Cheyanne Davis	
Reference #	2617596	
Entity Name	METRONOME P	RODUCTIONS, INC.
✓ Article	es of Incorporation/Authorization t	o Transact Business
☐ Amer	ndment	; ;
☐ Chan	ge of Agent	147
Reins	statement	
☐ Conv	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
☐ Fictiti	ous Name	
☐ Other		
Authorized A	Amount: \$70.00	
Signature: _	Chymo Paine	

F: 800.944.6607

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	METRONOME PRODUCTIONS, INC.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an original	inal and one (1) copy of the art	ticles of incorporation and	d a check for:		
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
FROM:		LL, CPA, EA, PFS e (Printed or typed)			
	21550 OXNARD STREET, STE #300				
	Address				
City, State & Zip					
	-570-3515				
Daytime Telephone number					
	MARK@DIV	eRSIFIEDBM.COM	notification)		

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

KIICLE I NAME he name of the corporation	shall be:MET	METRONOME PRODUCTIONS, INC.		
RTICLE II PRINCIPA		Mailing address, it	different is:	
18991 SW	248TH STREET			
HOMESTE	EAD, FL 33031		·	
RTICLE III PURPOSE he purpose for which the o	Corporation is organized is:	WRITER / DIRECTOR / PROI	DUCER	
			2.02	
			: 	
				
		· · · · · · · · · · · · · · · · · · ·		
RTICLE V INITIAL (Name and Title:	OFFICERS AND/OR DIRECTOR MARCO RAMIREZ, JR., PRESID	SDENT Name and Title:		
Name and Title:	18991 SW 248TH STREET			
_	HOMESTEAD, FL 33031			
Name and Title:		Name and Title:		
Address		Address:		
Name and Title:	·	Name and Title:		
Address		Address:		
_				
			- <u> </u>	

Name and Title:		Name and Title:	
Address		Address:	
RTICLE VI REGI	CTEDED (CEVT		
	street address (P.O. Box NOT acceptable) or	f the registered agent is:	
kame:	MARCO RAMIREZ, JR.		
ddress:	18991 SW 248TH STREET	_	
	HOMESTEAD, FL 33031	·	
RTICLE VII INCO	RPORATOR	:	
e <u>name and address</u>	of the Incorporator is:		
Name:	MARK HALL	, ~-1	
Address:	21550 OXNARD STREET, STE #300		
	WOODLAND HILLS, CA 91367		
an effective date is ling.)	han the date of filing:	be more than five days prior or 90 days after the	
te: If the date inserte document's effective	ed in this block does not meet the applicable so date on the Department of State's records.	statutory filing requirements, this date will not be listed as	
ving been named as a certificate, I am fam	registered agent to accept service of process juitiar with and accept the appointment as regi		
	Required Signature/Registered Agent	1/4/2025	
bmit this document ument to the Departn		rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.	
Ms	ILU nature/Incorporator	1-4-2025 Date	
Required Sign	nature/incorporator	Date	