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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Miami Internet Broadcasting Systems, Inc.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

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TALLAHASSEE FLORIDA

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

RECEIVED  
99 SEP 17 AM 11:37  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
TALLAHASSEE FLORIDA

Examiner's Initials

**ARTICLES OF INCORPORATION**

**FILED**  
99 SEP 17 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

**The name of the corporation shall be:**

MIAMI INTERNET BROADCASTING SYSTEMS, INC.

**ARTICLE II PRINCIPAL OFFICE**

**The principal place of business and mailing address of this corporation shall be:**

1525 MANTUA AVE.  
CORAL GABLES, FL 33146

**ARTICLE III SHARES**

**The number of shares of stock that this corporation is authorized to have outstanding at any one time is:**

100

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

**The name and address of the initial registered agent is:**

FRANCISCO GONZALEZ JR.  
1525 MANTUA AVE.  
CORAL GABLES, FL 33146

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

FRANCISCO GONZALEZ JR.  
1525 MANTUA AVE.  
CORAL GABLES, FL 33146

**ARTICLE VI DIRECTOR(S)**

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

FRANCISCO GONZALEZ JR.      BARRY SARDINAS  
1525 MANTUA AVE      14633 SW 145 TER  
CORAL GABLES, FL 33146      MIAMI, FL 33186

CHIEF EXECUTIVE OFFICER/      MASTER BROADCASTING DIRECTOR  
PRESIDENT

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 16 day of SEPT.

  
Signature  
  
Signature

\_\_\_\_\_  
Signature

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
REGISTERED AGENT

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