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TRANSMITTAL LETTER

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

SUBJECT:	COTAWAY (Proposed coppor	F/LM5, ate name - must include suf	INC.	-
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a c	check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	OLGA Name (Pr	DELGADO rinted or typed)		
	1167 50	U 6 STRE	SECRETA TALLAHAS	1
	MIA, FL City,	<u>33/30</u> State & Zip	O AMILIANA OF STA	

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

ARTICLES OF INCORPORATION

THE STATE OF THE S	
The undersigned incorporator, for the purpose of forming a Business Corporation Act, hereby adopts the following Artic	corporation under the Florida cles of Incorporation.
ARTICLE I NAME	
The name of the corporation shall be:	
CUTAWAY FILMS	5, INC.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of t	his corporation shall be:
1167 SW 6 STREE	
MIAMI, FL. 33/30	2
ARTICLE III SHARES	
The number of shares of stock that this corporation is au	nthorized to have outstanding at any one time is:
ONE THOUSAND ((4000)
ARTICLE IV INITIAL REGISTERED AG	ENT AND STREET ADDRESS
The name and Florida street address of the initial registe	red agent are:
HDALBERTO DELGADO	- -
1167 SW GSTREET	क्षेत्र -
MIAMI, FL 33/30 ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Arti	cles of Incorporation are:
OLGA DELGADO	
1167 SW 6 STREET	- E
MIAMI, FL. 33130	_
	·
	10/7/99
Signature/incorporator	Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent Date