

# L 20000260320

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

FILED  
2020 AUG 28 PM 4:50

\*\*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 LIMITED LIABILITY CO.

#### VTS Media Inc

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2020 AUG 28 AM 9:45  
CORPORATIONS  
COMMERCIAL  
SERVICES

**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: VTS Media Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7901 4th St N

7901 4th St N

STE 300

STE 300

St. Petersburg FL 33702

St. Petersburg FL 33702

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any lawful business.

FILED  
2020 AUG 28 PM 4:51  
CLERK OF CIRCUIT COURT  
HILLSBOROUGH COUNTY, FLORIDA

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Northwest Registered Agent LLC  
 Address: 7901 4th St N STE 300  
St. Petersburg FL 33702

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

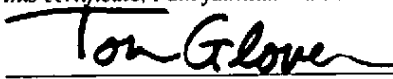
Name: Morgan Noble  
 Address: 7901 4th St N STE 300  
St. Petersburg FL 33702

**ARTICLE VIII EFFECTIVE DATE:**

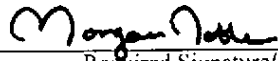
Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 Northwest Registered Agent LLC  
 Tom Glover - Assistant Secretary 8/14/20  
 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.*

  
 Required Signature/Incorporator 8/14/20  
 Date