

**P12000083182**

Florida Department of State  
Division of Corporations  
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**To:**

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

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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**Email Address:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Tampa Media Group, Inc.**

Certificate of Status	0
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*K 10/02/12*

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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT: Tampa Media Group, Inc.**

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a 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 COPY REQUIRED**

**FROM: Anna Kamps**

Name (Printed or typed)

c/o Dykema Gossett PLLC, 300 Ottawa Avenue, N.W., Suite 700

Address

Grand Rapids, MI 49503

City, State & Zip

616-776-7541

Daytime Telephone number

AKamps@dykema.com

E-mail address: (to be used for future annual report 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)

### ARTICLE I NAME

The name of the corporation shall be: Tampa Media Group, Inc. (the "Corporation")

### ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address  
202 S. Parker Street  
Tampa, Florida 33606

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation may engage in any activity or business permitted under the Florida Business Corporation Act (the "Act").

ARTICLE IV SHARES The number of shares of stock is: 1,250,000 shares of common stock

### ARTICLE V REGISTERED AGENT

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

Name: CT Corporation System  
Address: 1200 South Pine Island Road  
Plantation, Florida 33324

### ARTICLE VI INCORPORATOR

The name and address of the Incorporator is:

Name: Anna Kamps  
Address: c/o Dykema Gossett PLLC, 300 Ottawa Avenue, N.W., Suite 700  
Grand Rapids, MI 49503

### ARTICLE VII LIMITATION OF LIABILITY

The liability of the directors of the Corporation for monetary damages shall be eliminated to the fullest extent permissible under Florida law.

### ARTICLE VIII INDEMNIFICATION

The Corporation is authorized to provide indemnification of any person who was or is a party to any proceeding (other than an action by, or in the right of, the corporation), by reason of the fact that he or she is or was a director, officer, employee, or agent of the Corporation or is or was serving at the request of the corporation as a director, officer, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise against liability incurred in connection with such proceeding, through bylaw provisions, agreements with such persons, vote of shareholders or disinterested directors or otherwise, in excess of the indemnification otherwise permitted by Section 850 of the Act subject only to applicable limits set forth in Section 834 of the Act with respect to actions for breach of duty to the Corporation and its shareholders. The Corporation is further authorized to provide insurance for such persons as set forth in Section 850 of the Act.

Any repeal or modification of the foregoing provisions of this Article VIII by the shareholders of the Corporation shall not adversely affect any right or protection of such persons existing at the time of such repeal or modification.

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*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*

Rebecca Barth

Required Signature/Registered Agent

10/1/2012

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.*

[Signature]

Required Signature/Incorporator

10/1/2012

Date

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