## P200000833/8

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
fied Copies	Certificates of S	Status
ecial Instructions	to Filing Officer:	
		ı

Office Use Only



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N CULLIVE : OCT 1 1 1 1

## CAPITAL CONNECTION, INC.

7 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 i0) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

∕ledia, Inc.				
	<del>-</del>	<del></del>	1	
			1	
				Art of Inc. File
			Ī	LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
			×	Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
ature				Fictitious Owner Search
	. <del>_</del>		<u> </u>	Vehicle Search
	· <del></del> <del></del>			Driving Record
uested by: SETH				UCC 1 or 3 File
ne	Date	Time		UCC 11 Search
	11/11/2014			UCC 11 Retrieval
K-In	Will Pick Up	)		Courier
			1	

## **COVER LETTER**

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

SUBJECT: US	Media, Inc.		
30 <b>1</b> 011	(PROPOSED CORPO	RATE NAME – <u>MŲST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the	articles of incorporation and	d a check for:
☐ \$70.0 Filing Fe	* * * *	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:		me (Printed or typed)	
		Address	<del></del>
	Panama City, FL 32413		
	Cit	y, State & Zip	
	(706) 681-0340		
	Daytime	Telephone number	
	matt.samson22@gmail.com		
•	E-mail address: (to be u	sed for future annual report r	notification)

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

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profile OCT 26 AM 9: 15

STATE	SECRETARY OF STA TALLAHASSEE, F		ion shall be: US Media, Inc.	ARTICLE I NAME The name of the corporati
FL.	IALLAHASSEE, F			ARTICLE II PRINCI
is:	Mailing address, if different is:		Principal <u>street</u> address	I
<u>-</u>			Suite 304	105 Carillon Market St.
				Panama City, FL 32413
nd all lawfu	ew organization, US Media, Inc. For any and all	reate the new organization	SE To e corporation is organized is:	
				business transactions.
	<u> </u>			
			. <u></u> .	
		<u> </u>	<u>-</u>	
	Name and Title:		<i>L OFFICERS AND/OR DIRECT</i> Paul Samson	
		Name and Title Address:	105 Carillon Market St. Suite 304	
	Address:	Address.	Panama City, FL 32413	_
				-
	<u></u>			-
	Vame and Title:	Name and Title		
	Address:	Address:		Address
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	<del></del>		<del>.</del>	-
	Name and Title:	Name and Title		Name and Title:_
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	Name and Title:Address:	Address:  Name and Title Address:		Address -

Name	and Title:	Name and Title:	
Address		Address:	
	-		
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	a) of the registered great is:	66
Name:	Paul Samson	e) of the registered agent is.	2020 OCT 26 SECKETÄR TALLAHA
Address:	105 Carillon Market St Suite 304		20 OCT 26 AM 9: CKETART OF SI TALLAHASSEE, I
	Panama City, FL 32413		ASSE
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		AM 92 15 OF STATI
The <u>name and</u>	address of the Incorporator is:		п: 01
Name:	Paul Samson		
Address:	105 Carillon Market St Suite 304		
	Panama City, FL 32413		
Effective date,	EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and ca	(OPTIONAL)	) rior or 90 days after the
Note: If the da	te inserted in this block does not meet the applicate effective date on the Department of State's recor	able statutory filing requirements ds.	s, this date will not be listed as
Having been no this certificate.	amed as registered agent to accept service of prolamiliar with and accept the appointment as	cess for the above stated corpor s registered agent and agree to a	ation at the place designated in ct in this capacity
	Paul Samson		10/26/2020
	Required Signature/Registered Agent	<del></del>	Date
I submit this do document to the	ocument and affirm that the facts stated herein e Department of State constitutes a third degree for Occusioned by:	are true. I am aware that the fe clony as provided for in s.817.15	alse information submitted in a 5, F.S.
	Paul Samson		10/26/2020
Req	uired Signature/Incorporatones.	<del></del>	Date