(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
W3300	18500	169		



Office Use Only



900403184709

2023 JULY - 5 PH 3:

30% 0.5 2023 √ Sumplay



March 21, 2023

KRISTIN MELENDEZ 6160 SW HWY 200 #110-504 OCALA, FL 34476

SUBJECT: FAMILY MEDIA FACTORY, INC.

Ref. Number: W23000038769

We have received your document for FAMILY MEDIA FACTORY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Letter Number: 323A00006550

Yvette Scott Supervisor

www.sunbiz.org

## **COVER LETTER**

то:	Registration Section Division of Corporations						
SURI	ECT: Family Media Factory, Inc						
3000	Name of Corporation – must include suffix						
Dear S	ir or Madam:						
Affair	selosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to r the above referenced not for profit corporation to conduct its affairs in Florida.						
Please	return all correspondence concerning this matter to the following:						
	Kristin Melendez						
	Name of Person						
	Family Media Factory, Inc						
	Firm/Company						
	6160 SW Hwy 200						
	#110-504						
	Address						
	Ocala, Fl. 34476						
	City/State and Zip Code						
	Kristin@familymediafactory.com						
	E-mail address: (to be used for future annual report notification)						
For fu	rther information concerning this matter, please call:						
Kristii	714 204-2208 at ()						
	Name of Person Area Code Daytime Telephone Number						
	Mailing Address: Street Address:						
	Registration Section Registration Section Division of Corporations Division of Corporations						
	Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee						
	Tallahassee, FL 32314  2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Please	make check payable to: FLORIDA DEPARTMENT OF STATE						
⊔ \$70	0.00 Filing Fee □\$78.75 Filing Fee & □\$78.75 Filing Fee & ■\$87.50 Filing Fee,  Certificate of Status Certified Copy Certified Copy  Certified Copy						

## <sup>1</sup> APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(State or country under the law of which it is incorporated)  May 14, 2017  (Date of Incorporation)  (Principal of Incorporation See Sections 617.1501 & 617.1502, F.S. to determine penalty liability  (Principal office Street address)  (Principal office Street address)  (Purpose(s) of Incorporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of Corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of Corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of Corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of Corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of Corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of Corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of Corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of Corporation authorized in home state or country to be carried out in the state of Florida)	California, USA  (State or country under the law of which it as May 14, 2017  (Date of Incorporation)  n/a (Date first conducted affairs in Florida if prior to 1490 W. Rincon St., Suite J. Corona, CA 928	3. 46-5640796 is incorporated)  (FEI number, if applicable)  5. n/a  (Date of duration, if other than perpetual)  to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liab	
(State or country under the law of which it is incorporated)  May 14, 2017  (Date of Incorporation)  (Date of Incorporation, if other than perpetual)  (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability  1490 W. Rincon St., Suite J. Corona, CA 92880  (Principal office street address)  (Principal office street address)  (Current mailing address, if different)  Moral and Family Friendly Media content for the under-served  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Kristin Melendez	(State or country under the law of which it May 14, 2017  (Date of Incorporation)  n/a (Date first conducted affairs in Florida if prior to 1490 W. Rincon St., Suite J. Corona, CA 928	5. The state of duration, if other than perpetual)  to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liab.	
May 14, 2017  (Date of Incorporation)  (Date of Incorporation, if other than perpetual)  (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability  1490 W. Rincon St., Suite J. Corona, CA 92880  (Principal office street address)  (Principal office street address)  (Current mailing address, if different)  Moral and Family Friendly Media content for the under-served (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Kristin Melendez	May 14, 2017  (Date of Incorporation)  n/a  (Date first conducted affairs in Florida if prior to 1490 W. Rincon St., Suite J. Corona, CA 928	5. The state of duration, if other than perpetual)  to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liab.	
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability  1490 W. Rincon St., Suite J. Corona, CA 92880  (Principal office street address)  6160 SW Hwy 200 #110-504, Ocala, FL 34476  (Current mailing address, if different)  Moral and Family Friendly Media content for the under-served (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Kristin Melendez  St. A. H. S. Springbreeze Way	n/a (Date first conducted affairs in Florida if prior to 1490 W. Rincon St., Suite J. Corona, CA 928	to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liab 880	
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability  1490 W. Rincon St., Suite J. Corona, CA 92880  (Principal office street address)  6160 SW Hwy 200 #110-504, Ocala, FL 34476  (Current mailing address, if different)  Moral and Family Friendly Media content for the under-served (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Kristin Melendez  St. A. H. S. Springbreeze Way	n/a (Date first conducted affairs in Florida if prior to 1490 W. Rincon St., Suite J. Corona, CA 928	to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liab 880	
1490 W. Rincon St., Suite J., Corona, CA 92880  (Principal office street address)  6160 SW Hwy 200 #110-504, Ocala, FL 34476  (Current mailing address, if different)  Moral and Family Friendly Media content for the under-served (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Kristin Melendez	1490 W. Rincon St., Suite J. Corona, CA 928	880	oility.)
1490 W. Rincon St., Suite J., Corona, CA 92880  (Principal office street address)  6160 SW Hwy 200 #110-504, Ocala, FL 34476  (Current mailing address, if different)  Moral and Family Friendly Media content for the under-served (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Kristin Melendez	1490 W. Rincon St., Suite J. Corona, CA 928	880	pility.)
(Principal office street address)  6160 SW Hwy 200 #110-504, Ocala, FL 34476  (Current mailing address, if different)  Moral and Family Friendly Media content for the under-served (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Kristin Melendez		880 (Principal office street address)	
(Principal office street address)  6160 SW Hwy 200 #110-504, Ocala, FL 34476  (Current mailing address, if different)  Moral and Family Friendly Media content for the under-served (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Kristin Melendez		(Principal office street address)	
Current mailing address, if different	6160 SW Hwy 200 #110-504, Ocala, FL 344	· • • • • • • • • • • • • • • • • • • •	_
Current mailing address, if different	5160 SW riwy 200 #110-304, Ocaia, rt. 344	174	
Moral and Family Friendly Media content for the under-served  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Kristin Melendez  3848 S. Springbreeze Way	<u> </u>		
Name: Kristin Melendez		(Current making address, if different)	
Name: Kristin Melendez	MARINE TO THE TANK OF THE SECOND		
Name: Kristin Melendez	Moral and Family Friendly Media content to	or the under-served	_
Name: Kristin Melendez	(Purpose(s) of corporation authorized in nom-	e state of country to be carried out in the state of Florida)	
Name: Kristin Melendez	Name and street address of Florida regist	tered agent; (P.O. Box NOT acceptable)	
Name: Kristin Melendez  ffice Address: 3848 S. Springbreeze Way  Warney Street		<u> </u>	
ffice Address: 3848 S. Springbreeze Way	Name: Kristin Melendez	<u></u>	- \-
Homograph 34448	Stan Address 3848 S. Springbreeze Way	<u> </u>	
11011054554		34448 50	
(City) (Zip Code)	Homosassa		
(City), Florida (Zip Code)		ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the

jurisdiction under the law of which it is incorporated.

·12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR						
□Chairman	Anthony Melendez Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address: 6160 SW Hwy 200 #110-504			
Director	Corona, CA 92880	□Director	Ocala, FL 34476			
President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	<b>■</b> Secretary	<b>■</b> Treasurer			
□Other:	☐ Other:	□Other:	Other:			
□ Chairman	Name: Kris Richardson 406 W. Stevens Apt B	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	Santa Ana, CA 92707	□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□Secretary	□Treasurer			
□ Other:	Other:	Other:	Other:			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director		Director				
□President		□President				
□ Vice President		□Vice President				
☐ Secretary	□Treasurer	□Secretary	□Treasurer			
Other:	Other:	□Other:	Other:			
NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only.  Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  14. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)						
14	Grand or printed name and consulty of nor	you givening sention	ion)			



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

**Entity Name:** 

FAMILY MEDIA FACTORY INC.

**Entity No.:** 

3672532

Registration Date:

05/02/2014

Entity Type:

Nonprofit Corporation - CA - Public Benefit

Formed In:

**CALIFORNIA** 

Status:

Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of February 20, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 083857633

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline sos caldov

. 0 /