NO1000008267

TRANSMITTAL LETTER

01 MAY 26 PH 1:55

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

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

STO.00 Filing Fee S78.75 Filing Fee & Certificate of Status ☑\$78.75 Filing Fee & Certified Copy

□ \$87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED





ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation is Tallahassee Community TeleVision _____, Inc.

ARTICLE II PRINICIPAL OFFICE

The principal place of business and mailing address of this corporation is 405 Castleton Circle Tallahassee, Florida 32312

ARTICLE III PURPOSES

The purposes of Tallahassee Community TeleVision include the following:

- 1. To develop and support use of public access cable television and future technologies by local residents and community groups in Tallahassee and Leon County.
- 2. To promote the free exchange of ideas and information in the planning, promotion and production of local programs.
- 3. To engage in outreach, education, training, fund-raising, administration, and fiscal organization.

ARTICLE IV MANNER OF ELECTION

The election or appointment of the Board of Directors of Tallahassee Community TeleVision is determined by the bylaws.

ARTICLE V INITIAL DIRECTORS/OFFICERS

President /D	Norene Chase 405 Castleton Circle Tallahassee, Fl 32312
Vice President	Patrick Hadley 415 N. Gadsden St. #112 Tallahassee, Fla. 32301
Treasurer D	Bob Fulford 231 Westridge Drive, Tallahassee, Fla. 32304

Secretary /

Michelle Spinella 800 North Bronough St., Apt. D Tallahassee, Fla. 32303

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The registered agent is Norene Chase, 405 Castleton Circle, Tallahassee, Florida 32312

ARTICLE VII INCORPORATOR

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.

RDO

gnature/Registered Agent

Signature/Incomporator

Date

