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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

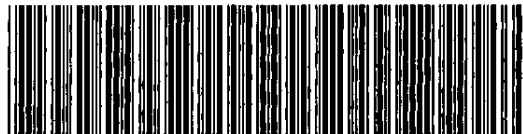
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



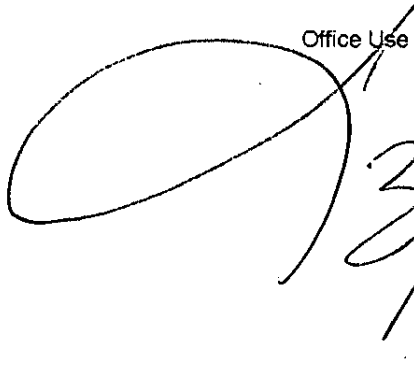
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2010 MAR 18 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

 3/19

COVER LETTER

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

SUBJECT: Miami Gardens Publishing Company, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Melvin Cochran
Name (Printed or typed)

18520 N.W. 67th AVENUE, Ste #139
Address

Miami, FL 33015
City, State & Zip

(305) 318-0346
Daytime Telephone number

miamigardenspress@gmail.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 617, F.S., (Not for Profit)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE I NAME

The name of the corporation shall be:

Miami Gardens Publishing Company, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

*4870 N.W. 178 TERRACE
Miami Gardens, FL 33055*

*Mailing Address: 18520 N.W. 67 AVENUE
SUITE #139
Miami, FL 33015*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Miami Gardens Publishing Company, Inc. is committed to publishing local and national news, including community current events and issues and providing financial assistance to students at higher learning institutions, at-risk youth in our community and surrounding areas.*

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

An annual vote will be held for the director.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Melvin Cochran - 17630 N.W. 67th Avenue #1212 Miami, FL 33015 - Publisher

Gwendolyn Cochran - 6700 N.W. 3rd Avenue Miami, FL - Account Manager

Stacy McDonald - 19320 S.W. 118 Court Miami, FL 33177 - Web Director

Josephine Cain - 1080 N.W. 31 STREET Miami, FL 33127 - Sr. President of Sales

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Melvin Cochran

17630 N.W. 67th Avenue #1212 Miami, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Melvin Cochran

17630 N.W. 67th Avenue #1212

Miami, FL 33015

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.

[Signature]
Signature/Registered Agent

March 16 2010
Date

[Signature]
Signature/Incorporator

March 16 2010
Date