

N10000006260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

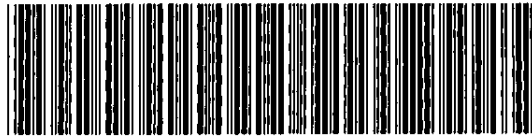
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*70

Office Use Only



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01/19/10--01003--020 **105.00

RECEIVED

10 JAN 19 AM 10:47

DEPARTMENT OF STATE
DIVISION OF LICENSATIONS
TALLAHASSEE, FLORIDA

FILED

10 JAN 19 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-61-1
20

COVER LETTER

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

SUBJECT: Transmission Corporation
(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:

John Rivera

Name (Printed or typed)

203 W Sprague Ave

Address

Kissimmee, FL 34741

City, State & Zip

321-682-0288

Daytime Telephone number

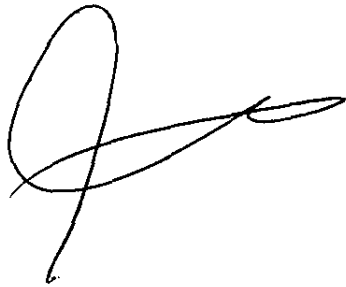
ceo@transmission.com

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

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

1/19/2010.

I have no intention of reworking.
The Dissolution of Sade Corporation
and I am going up all rights to
the name. Temiston Corporation.



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10 JAN 19 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

TV Mission Corporation.

ID # 27-0909472

ARTICLE II PRINCIPAL OFFICE

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

*203 W Sproule Ave
Kissimmee, FL 34741.*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Under the Law of 501 C 3 Code

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

*Annual Meeting Board
every five years*

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

*Pedro A. Rivera President
203 W Sproule Ave
Kissimmee, FL 34741.*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*Pedro A. Rivera
203 W Sproule Ave
Kissimmee FL 34741.*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Pedro A. Rivera
203 W Sproule Ave
Kissimmee, FL 34741.*

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/Registered Agent

Date

Signature/Incorporator

Date

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10 JAN 19 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA