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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC
6-22-11

COVER LETTER

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

SUBJECT: Public Health Television 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: Bryan Carmody
Name (Printed or typed)

955 NW 17th Avenue, Suite E
Address

Delray Beach, Florida 33445
City, State & Zip

561.265.0898
955 NW 17th Avenue, Suite E

crtvdir@bellsouth.net
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Public Health Television Corporation

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
955 NW 17th Avenue, Suite E
Delray Beach, Florida 33445

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The specific purpose for which this corporation is organized is to reach underserved populations with targeted, culturally and linguistically appropriate educational programming that can advance positive health and social outcomes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

The method of election is contained in the corporation's bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bryan Carmody
Address: 1510 North N Street
Lake Worth, FL 33460

Name and Title: _____
Address: _____

Name and Title: Glen Udine
Address: 2644 Devon Court
Delray Beach, FL 33445

Name and Title: _____
Address: _____

Name and Title: Julie Kelsey Carmody
Address: 1510 North N Street
Lake Worth, Florida 33460

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

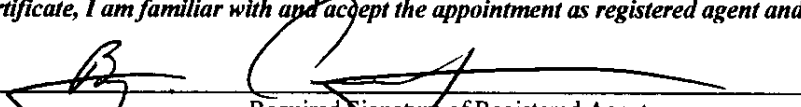
Name: Bryan Carmody
Address: 955 NW 17th Avenue, Suite E
Delray Beach, Florida 33445

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bryan Carmody
Address: 955 NW 17th Avenue, Suite E
Delray Beach, Florida 33445

Having been named as registered agent to accept service of process for the above stated corporation at the place of its organization, I, the undersigned, do hereby accept the appointment as registered agent and agree to act in this capacity.


Required Signature of Registered Agent

June 17, 2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator

June 17, 2011

Date

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SECRETARY OF STATE
TALLAHASSEE, FL 32399-0001