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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

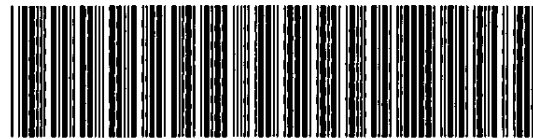
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR - 7 PM 3:51

COVER LETTER

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

SUBJECT: South Florida PBS, 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: Carol A. Licko

Name (Printed or typed)

Hogan Lovells US LLP, 600 Brickell Avenue, Suite 2700

Address

Miami, FL 33131

City, State & Zip

305-459-6612

Daytime Telephone number

carol.licko@hoganlovells.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)

ARTICLE I NAME

The name of the corporation shall be: South Florida PBS, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

14901 NE 20th Avenue

Miami, FL 33181

Mailing address, if different is:

P.O. Box 2

North Miami, FL 33261

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to develop and implement a new vision and direction
for South Florida public television

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Directors will be elected by members of South Florida PBS, Inc.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dolores Sukhdeo, CEO

Address 14901 NE 20th Avenue

Miami, FL 33181

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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DIVISION OF CORPORATIONS
14 APR - 7 PM 3:51

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Peggy Socias
Address: 14901 NE 20th Avenue
Miami, FL 33181

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dolores Sukhdeo
Address: 14901 NE 20th Avenue
Miami, FL 33181

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

Peggy Socias
Required Signature of Registered Agent

4/4/14
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.

Dolores Sukhdeo
Required Signature of Incorporator

4/1/14
Date

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