

N15000007798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

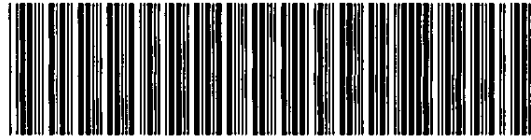
(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

8/11/15

COVER LETTER

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

15 AUG - 7 PM 3:13

SUBJECT: **Online Video Council 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: **Juan Carlos Sanchez**
Name (Printed or typed)

3740 NW 84th Way

Address

Cooper City , Florida, 33024

City, State & Zip

3057335900

Daytime Telephone number

juanksanchez2@gmail.com

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

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15 AUG - 7 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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15 AUG -7 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 22, 2015

JUAN CARLOS SANCHEZ
3740 NW 84TH WAY
COOPER CITY, FL 33024

SUBJECT: ONLINE VIDEO COUNCIL FOUNDATION
Ref. Number: W15000049124

We have received your document for ONLINE VIDEO COUNCIL FOUNDATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Bylaws are not filed with this office. Please retain them for your records.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 515A00015363

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

ARTICLE I NAME

The name of the corporation shall be: Online Video Council Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3740 NW 84 Way

Cooper City , FL , 33024

Mailing address, if different is: PO Box 310122 , Miami, FL, 33231

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

- Educate the use of advertising via online video among members
- Set standards for online video market and its members
- Development and sharing of advertising standards for the online video market
- Research that propels the understanding of the impact generated by video content and platforms
- Video Consumer Research for its members
- Online Video Advertising effectiveness Research for members

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

According to Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marco Botero Treasurer

Address 2 Alhambra plaza
Suite 1000
Coral Gables, FL , 33134

Name and Title: Juan C Sanchez President

Address: 601 Brickell Key Drive
Suite 200
Miami , FL, 33131

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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: Juan Carlos Sanchez
Address: 3740 NW 84 Way
Cooper City , FL , 33024

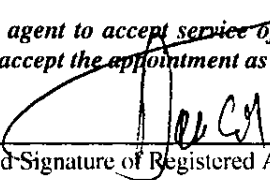
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Juan Carlos Sanchez
Address: 3740 NW 84 Way
Cooper City , FL , 33024

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TALLAHASSEE, FLORIDA

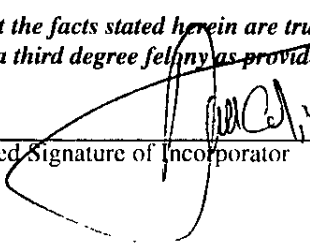
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

07/04/15

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

07/04/15

Date