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D O'KEEFE FEB 2 3 2018 Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

	st Communications Inc.			
SUBJECT:	(PROPOSED CORPOR	RATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)	
Enclosed is an original a	and one (1) copy of the Artic	les of Incorporation and	a check for :	
\$70.00	□ \$78.75	□\$78.75	\$87.50	
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,	
	Certificate of	& Certified Copy		
	Status	.,	& Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Gabriel Ignetti			
T KOWI.	Name (Printed or typed)			
	15481 Southwest 59th Street			
	Address			
	Miami, Florida 33193			
	City, State & Zip			
	786-877-8566			

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

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

Daytime Telephone number

Fcomodernistpodcast@gmail.com

	Principal <u>street</u> address: .W. 59th Street		Mailing address, if different is:			
Miami, I	Florida 33193					_
RTICLE III The purpose for wo olated 1 A 55ets	purpose thich the corporation is organized is: e o Ecomodernism, shall be distribute the meaning of	velusive Upon the ted for p	ly for educational Se disolution of the one or more exemp	pur Lory tpur	pose pora	- tio
nnuall	MANNER OF ELECTION The manner by by donors		ectors are elected and appointed: E/e	cted		
TICLE V	Y by donors NITIAL OFFICERS ANDIOR DIRECT	 		cted		
TICLE V I	NITIAL OFFICERS AND OR DIRECT abriel Ignetti Chairman of the Board	ORS Name and Title	Christopher C Bergan Board Member			
TICLE V II THE and Title: 15	Y by donors NITIAL OFFICERS ANDIOR DIRECT	ORS Name and Title	Christopher C Bergan Board Member			
TICLE V II THE and Title: 15	NITIAL OFFICERS AND OR DIRECT abriel Ignetti Chairman of the Board	ORS Name and Title	Christopher C Bergan Board Member			
TICLE V II me and Title: me and Title: me and Title:	NITIAL OFFICERS AND OR DIRECT abriel Ignetti Chairman of the Board 481 S.W. 59th Street, Miami Florida 33 Richard Maltese	ORS Name and Title 193 Address:	Christopher C Bergan Board Member: 1950 S Gilbert # 107 lowa City Jowa 52240			
TICLE V II me and Title: me and Title: me and Title: me and Title:	NITIAL OFFICERS AND OR DIRECT abriel Ignetti Chairman of the Board 481 S.W. 59th Street, Miami Florida 33 Alchard Maltese 109-117 Runnymede Road	ORS Name and Title 193 Address:	Christopher C Bergan Board Member: 1950 S Gilbert # 107 lowa City Jowa 52240			
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TICLE V II The and Title: In and Title:	Alchard Maltese 109-117 Runnymede Road	ORS Name and Title 193 Address: Co-Chair Name and Title Address:	Christopher C Bergan Board Member 1950 S Gilbert # 107 lowa City, lowa 52240		FEB 20	
ANNIA G (I) RETICLE V II ame and Title: ame and Title: ddress	Aichard Maltese 109-117 Runnymede Road Cronto, Outario Anada, M65244 Eric Schmitz	ORS Name and Title 193 Address: Co-Chair Name and Title Name and Title	Christopher C Bergan Board Member 1950 S Gilbert # 107 lowa City, lowa 52240		FEB 20	FILED

Address		Address:		
· 1				
Name and Title	:1	Name and Title:		
Address		Address:		
ARTICLE VI	REGISTERED AGENT			
	Florida street address (P.O. Box NOT accepta Gabriel Ignetti	able) of the registered agent is:		
Name: Address:	15481 S.W. 59th St. Miami, Florid	da		
rudi c.i.i.	33193			
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		18 TAL	
The name and a	address of the Incorporator is:) FE	
Name:	Gabriel Ignetti		FEB 20 OKETAKY LAHASSI	וד
Address:	15481 S.W. 59th St. Miami, Flori	da	20 AM RAY OF SSEE, F	FILED
	32193		M 8: 42 F 5 i A 1 L FLORID!	0
ARTICLE VIII	EFFECTIVE DATE:		\$ 15 25 75	•
Effective date, i	f other than the date of filing:	. (OPTIONAL)	-	QD:
(If an effective	f other than the date of filing:	cannot be more than five days prio	r or 90 days after t	the filing.)
	e inserted in this block does not meet the appl ctive date on the Department of State's record		his date will not be	listed as the
Having been no certificate, I am	umed as registered agent to accept service of familiar with and accept the appointment of p	process for the above stated corpore	ation at the place d is capacity	esignated in this
	Salvid Smith	<u>></u>	February 10th,	2018
	Required Signature of Registered A	gent	Date	
submit this do the Departme	cument and affirm that the facts stated herein nt of State constitutes a third degree felony as	are true. I am aware that any false it provided for in s.817.155, F.S.	nformation submitte	ed in a document
	Sarrie Sever	(i)	February 10th	2018
	Required Signature of Incorpo	orator	Date	
	v			