

PO1000067109
TRANSMITTAL LETTER

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

500004456725--8
-07/02/01--01117--006
*****70.00 *****70.00

SUBJECT: Esde Patterson Media Corp.
(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: Sheila Patterson
Name (Printed or typed)

1175 N.E. Miami Gardens Dr., #403E
Address

No. Miami Beach, FL 33179
City, State & Zip

(305) 953-9911
Daytime Telephone number

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

01 JUL -2 PM 1:41
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13/5/07

ARTICLES OF INCORPORATION

FILED

ARTICLE I - NAME

The name of the corporation shall be
Esde Patterson Media Corp.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be
15155 NW 7th Avenue, Suite 2, Miami, Florida 33169

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at
any one time is one thousand shares of common stock each having a \$0.10 par value.

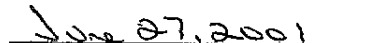
ARTICLE IV - INITIAL REGISTERED AGENT & STREET ADDRESS

The name and Florida street address of the initial registered agent are
Sheila D. Patterson, 1175 N.E. Miami Gardens Dr., #403E, No. Miami Beach, FL 33179.

ARTICLE V - INCORPORATOR


The name and address of the incorporator to these Articles of Incorporation are
Sheila D. Patterson, 1175 N.E. Miami Gardens Dr., #403E, No. Miami Beach, FL 33179.


Signature/Incorporator


Date

Having been named as registered agent and to accept service of process for the above
stated corporation at the place designated in this certificate, I hereby accept the
appointment as registered agent and agree to act in this capacity. I further agree to
comply with the provisions of all statutes relating to the proper and complete
performance of my duties, and I am familiar with and accept the obligations of my
position as registered agent.


Signature/Registered Agent


Date