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(Req	uestor's Name)			
(Add	ress)			
·	ress)			
(City.	/State/Zip/Phor	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Doc	ument Number)		
Certified Copies	Certificate	s of Status		
Special Instructions to F	iling Officer:			
}		}		

Office Use Only



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SECRETARY OF STATE
TALLANYSSEE, FLORIDA

F. OHERSTER APR 2 4

TRANSMITTAL LETTER

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

SUBJECT: Arc	h Media Consulting Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
□ \$70.00 Filing Fee	2 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Bradley D. Fischetti			
	Name	c (Printed or typed)		
7512 Dr. Phillips Blvd. Ste. 50-159 Address				
	City	, State & Zip		
	4072308583			
	Daytime	Telephone number		

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Arch Media Consulting Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7512 Dr. Phillips Blvd. Ste. 50-159 Orlando, FL 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Media services.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Bradley D. Fischetti CEO & President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Bradley D. Fischetti 7680 Universal Blvd. Ste. 565 Orlando, FL 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bradley D. Fischetti 7512 Dr. Phillips Blvd. Ste. 50-159 Orlando, FL 32819

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

177 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	4/17/03
Signature/Registered Agent	Date
775	4/17/03
Signature/Incorporator	Date

SECRETARY EFLORIDA