

PO 30000 95054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

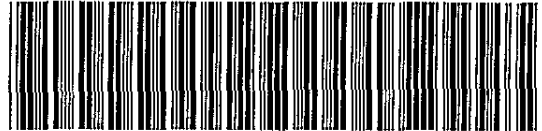
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600022413336

08/25/03--01041--005 \*\*78.75

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 AUG 25 PM 1:39

AUG 29

## TRANSMITTAL LETTER

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

SUBJECT: EXPOSURE MULTIMEDIA Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: ALFONSO TOMAS ARRIBAS  
Name (Printed or typed)

5440 Pitch Pine Dr.  
Address

Orlando FL 32819  
City, State & Zip

407-522-6671  
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:

EXPOSURE MULTIMEDIA Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5440 Pitch Pine Dr.  
Orlando FL, 32819

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Multimedia Authoring  
i.e. WEB Design

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

ALFONSO TOMAS ARRIBAS  
5440 Pitch Pine Dr. Orlando, 32819  
President

**ARTICLE VI REGISTERED AGENT**

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

ALFONSO TOMAS ARRIBAS  
5440 Pitch Pine Dr. Orlando FL, 32819

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ALFONSO TOMAS ARRIBAS  
5440 Pitch Pine Dr. 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

Alfonso Tomas Arribas  
Signature/Registered Agent

08-21-2003  
Date

Alfonso Tomas Arribas  
Signature/Incorporator

08-21-2003  
Date

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 AUG 25 PM 1:39