

P05000015423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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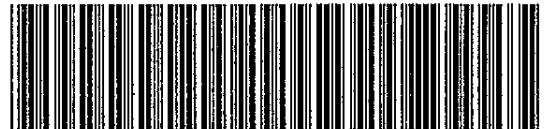
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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1-31-05  
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## TRANSMITTAL LETTER

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

SUBJECT: Medical Media Network, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Dyanna Jamiel

Name (Printed or typed)

11126 N. Harmony Lakes Circle

Address

Davie, FL 33324

City, State & Zip

954-581-7449

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:

Medical Media Network, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11126 N. Harmony Lakes Circle Davie, FL 33324

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Advertising Agency, New Business

### ARTICLE IV SHARES

The number of shares of stock is:

100,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dyanna Jamiel 11126 N. Harmony Lakes Circle Davie, FL 33324 President, Secretary

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Dyanna Jamiel 11126 N. Harmony Lakes Circle Davie, FL 33324

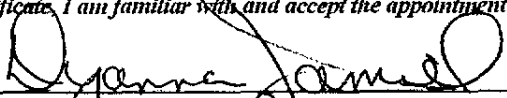
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dyanna Jamiel 11126 N. Harmony Lakes Circle Davie, FL 33324

\*\*\*\*\*

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:

  
\_\_\_\_\_  
Signature/Registered Agent

1-20-2005

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

1-20-2005

\_\_\_\_\_  
Date

FILED  
05 JAN 25 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA