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(Requestor's Name)				
(Ac	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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(Document Number)				
Certified Copies	_ Certificates	of Status		
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COVER LETTER

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

_{SUBJECT:} Med	ia Support Group, Ir	nc	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	
\$70.00 Filing Fee	₹78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	William Perez	(Printed or typed)	
	19931 NW 8 Stree	Address	
	Pembroke Pines, F	=L 33029 State & Zip	
	(954) 433-8355 Daytime 7	elephone 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:

Media Support Group, Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

18331 Pines Blvd. # 306 Pembroke Pines, FL 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business permitted under the laws of the United States of America and of this State. This corporation reserves the right to elect to be a 1361 Subchapter S corporation under Section 1361 of the Internal Revenue Code and the right to approve and adopt a plan to offer shares of common stock for sale under section of the Internal Revenue Service Code and all other rights contained therein.

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):

Mariana V. del Campo, p/v/s/t/d 18331 Pines Blvd. # 266 Pembroke Pines, FL 33029

ARTICLE VI REGISTERED AGENT

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

William Perez 19931 NW 8 Street Pembroke Pines, FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William Perez 19931 8 Street Pembroke Pines, FI 33029

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

Signature/Incorporation

Date

Date