

P06000111282

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(Address)

(Address)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8-25-06  
mlc

## COVER LETTER

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

SUBJECT: Image N Media, 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: Edwin A. Hortet

Name (Printed or typed)

14829 Horseshoe Trace

Address

Wellington, FL 33414

City, State & Zip

954-336-1667

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:

IMAGE-N-MEDIA, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

14829 Horseshoe Trace  
Wellington, FLL 33414

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Marketing & Consulting Services

## **ARTICLE IV SHARES**

The number of shares of stock is:

120

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

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

EDWIN HORTET - President  
ANDRES HORTET - Vice President  
CAMILO HORTET - Vice President  
PATRICIA ANTHONY - Treasurer

## **ARTICLE VI REGISTERED AGENT**

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

Edwin Hortet  
14829 Horseshoe Trace  
Wellington, FL 33414

## **ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Edwin Hortet  
14829 Horseshoe Trace  
Wellington, FL 33414

\*\*\*\*\*

*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 Incorporator

\_\_\_\_\_  
Date

8/1/06  
\_\_\_\_\_  
Date

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2006 AUG 25 P 4: 17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA