

PO8000024428

(Requestor's Name)

(Address)

(Address)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

William S Payne GAVE

AUTHORIZATION BY PHONE TO

CORRECT Article I & II

DATE 3-7-08

DOC. EXAM. A.H.

Office Use Only



000117017860

02/08/08--01038--011 \*\*78.75

FILED  
2008 MAR -6 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3-6-08  
1008-7058  
A.H.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 11, 2008

WILLIAM S. PAYNE IV  
971 9TH STREET  
WINTER GARDEN, FL 34787

SUBJECT: MIND OVER MEDIA, INC.  
Ref. Number: W08000007058

We have received your document for MIND OVER MEDIA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6993.

Annie Hall  
Regulatory Specialist II  
New Filing Section

Letter Number: 508A00008671

**COVER LETTER**

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

FILED  
2008 MAR -6 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** Mind Over Media, Inc. of Winter Garden  
(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:** William S. Payne IV  
Name (Printed or typed)

971 9th St.  
Address

Winter Garden FL 34787  
City, State & Zip

321.229.2958  
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:

Mind Over Media, Inc. of Winter Garden

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

971 S. 9th St. Winter Garden FL 34787

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Operate as advertising company

### **ARTICLE IV SHARES**

The number of shares of stock is:

3

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

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

William S. Payne IV  
971 S. 9th St.  
Winter Garden FL 34787

President

Michael Spina  
7115 Blue Indigo Crescent  
Winter Garden FL 34787

Vice President

James E. Wear  
8767 The Esplanade Suite 49  
Orlando FL 32836

Treasurer

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Montgomery L. Studebaker  
981 9th St.  
Winter Garden FL 34787

**ARTICLE VII INCORPORATOR**


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

Montgomery L. Studebaker  
981 9th St.  
Winter Garden FL 34787

\*\*\*\*\*

*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

  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA