P080000 66775

(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:				
Special instructions to Filling Officer.				
·				

Office Use Only



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07/14/08--01047--001 **78.75





COVER LETTER

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

SUBJECT: Holte	erMedia, Inc.		
Enclosed are an ori	ginal and one (1) copy of the artic	TE NAME - MUST INCI	-
\$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
FROM:		(Printed or typed)	
	P.O. Box 2073	Address	
	Ponte Vedra Beach, Florida 3200 City,	04 State & Zip	· · · · · · · · · · · · · · · · · · ·
	904-599-3024 Daytime T	elephone number	

NOTE: Please provide the original and one copy of the articles.

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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:

HolterMedia, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

Principal Address:

Mailing Address:

1701 The Greens Way #1613

P.O. Box 2073

Jacksonville Beach, FL 32250 Ponte Vedra Beach, FL 32004

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Provide media related services.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Peter Holtermann - President

1701 The Greens Way #1613

Jacksonville Beach, FL 32250

ARTICLE VI REGISTERED AGENT

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

Peter Holtermann

1701 The Greens Way #1613

Jacksonville Beach, FL 32250

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Aldo J. Lopata, CPA

W176 N8678 Sunset Ridge Drive

Menomonee Falls, Wi 53051

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

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