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DIVISION OF CORPORATION

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FLORIDA PROFIT/NON PROFIT CORPORATION

south florida radio& tv consulting, inc.

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Prepared by:

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Ft. Lauderdale, FL 33331
Tel: (954) 564-1099

**ARTICLES OF INCORPORATION
OF
SOUTH FLORIDA RADIO & TV CONSULTING, INC.**

The undersigned Incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be: SOUTH FLORIDA RADIO & TV CONSULTING, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation is 1891 W. Oakland Park Blvd., Suite W, Fort Lauderdale, FL 33331.

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is (100) shares of common stock.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: ALBAREDA & ASSOCIATES, P.A., 1891 W. Oakland Park Blvd., Suite W, Ft. Lauderdale, FL 33331.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VII

The name and address of the subscriber of these Articles of Incorporation is:

Adelaida A. Albareda
Albareda & Associates, P.A.
1891 W. Oakland Park Blvd., Suite W
Ft. Lauderdale, FL 33331

The undersigned has executed these Articles of Incorporation this _____ day of _____


ADELAIDA ALBAREDA, President

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

SOUTH FLORIDA RADIO & TV CONSULTING, INC.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN
THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS
REGISTERED AGENT AND AGREE TO THE PROPER AND COMPLETE PERFORMANCE
OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY
POSITION AS REGISTERED AGENT.

Dated: _____


REGISTERED AGENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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