

709000040492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

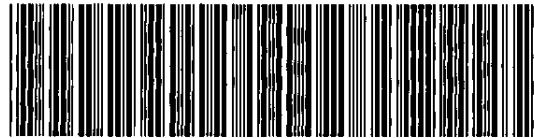
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/06/09--01009--020 **78.75

2009 MAY -6 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

J. Shivers MAY 07 2009

COVER LETTER

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

SUBJECT: Algonquin 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: STEVEN MENKIN
Name (Printed or typed)

1260 MESSINA AVE
Address

CORAL GABLES FL. 33134
City, State & Zip

786 556 2333
Daytime Telephone number

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2009 MAY -6 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: **ALGONQUIN MEDIA INC.**

ARTICLE II PRINCIPAL OFFICE

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

**1260 MESSINA AVE
CORAL GABLES FL. 33134**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

STEVEN MENKIN - PRESIDENT

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2009 MAY -6 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

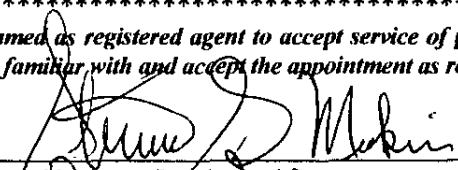
**STEVEN MENKIN
1260 MESSINA AVE
CORAL GABLES FL 33134**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**STEVEN MENKIN
1260 MESSINA AVE.
CORAL GABLES FL. 33134**

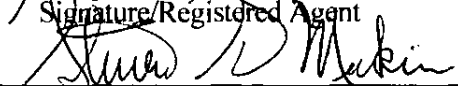
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4/29/09

Date



Signature/Incorporator

4/29/09

Date