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| (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: William Export AUTHORIZATION BY PHONE TO CORRECT WILLE UT DATE 9/1/09 DOC. EXAM MRS | | | | |

Office Use Only

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SECRETARY OF STATE.
ALLAHASSEF EI OBIA.

COVER LETTER

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

| SUBJECT: | Epperson Media and Technology, Inc. | | | |
|-------------------------|---|---------------------------------------|--|--|
| | (PROPOSED CORF | PORATE NAME – <u>MUST INCI</u> | LUDE SUFFIX) | |
| Enclosed are an orig | inal and one (1) copy of th | e articles of incorporation an | d 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 CO | ADDITIONAL COPY REQUIRED | |
| FROM: | William J. Epperson Name (Printed or typed) 469 Wranglewood Drive | | | |
| | Address | | | |
| | Wellington | FL City, State & Zip | 33414 | |
| | | 561-310-8544 | | |
| | Daytime Telephone number | | | |
| | | erj@bellsouth.net | | |
| | E-mail address: (to b | e used for future annual report | notification) | |

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)

FILED

ARTICLE I NAME

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The name of the corporation shall be: Epperson Media and Technology, IncECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 469 Wranglewood Drive

Wellington, FL. 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting, Commerce

ARTICLE IV SHARES

The number of shares of stock is: One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): William J. Epperson, President

ARTICLE VI REGISTERED AGENT

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

William J. Epperson 469 Wranglewood Drive Wellington, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: William J. Epperson

469 Wranglewood Drive
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 | Date |
|---|-----------------|
| William Epperson | August 25, 2009 |
| Signature/Incorporator/Registered Agent | Date |