(Requestor's Name) (Address)	
(Address) (City/State/Zip/Phone #)	400160815604
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COVER LETTER

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

SUBJECT: COMMUNITY TALENT TV 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	\$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	PY REQUIRED

FROM:

YOULONDA FIELDS

Name (Printed or typed)

1038-5 DUNN AVE. # 57

Address

JACKSONVILLE, FL 32218 City, State & Zip

(619)272-3829

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

TICLES OF INCORPORATION

Simpliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

COMMUNITY TALENT TV INC

ARTICLE II PRINCIPAL OFFICE

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

1038-5 DUNN AVE. # 57 JACKSONVILLE, FL 32218

ARTICLE II PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: .500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): YOULONDA FIELDS 1038 -5 DUNN AVE. # 57 JACKSONVILLE, FLORIDA 32218 (P) JIMMIE FIELDS 1038-5 DUNN AVE. # 57 JACKSONVILLE, FLORIDA 32218 (VP)

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: YOULONDA FIELDS (1038-5 DUNN AVE. # 57 JACKSONVILLE, FLORIDA 32218 JIMMIE FIELDS (1038-5 DUNN AVE. #57 JACKSONVILLE, FLORIDA 32218

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: YOULONDA FIELDS (1038-5 DUNN AVE. #57 JACKSONVILLE, FLORIDA 32218

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