

P/0000003/282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

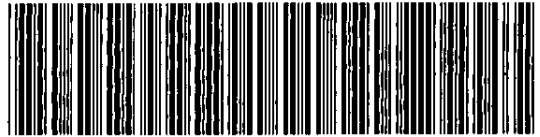
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Angela **QAVE**  
AUTHORIZATION BY PHONE TO  
CORRECT Article II & IV  
DATE 4/12/10  
DOC. EXAM 1/6/11

Office Use Only



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04/09/10--01025--002 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 APR -9 PM 1:52

APPROVED  
& AND  
FILED

VH

**COVER LETTER**

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

SUBJECT: 2 Brain 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: Angela Florian  
Name (Printed or typed)  
551 N Cattlemen Rd #102  
Address  
Sarasota, FL 34232  
City, State & Zip  
941-554-4370  
Daytime Telephone number  
2brainmedia@gmail.com  
E-mail address: (to be 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)

APPROVED  
AND  
FILED

10 APR -9 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

2 Brain Media, Inc

**ARTICLE II PRINCIPAL OFFICE**

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

551 N Cattlemen Rd #102  
Sarasota, FL 34232

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

media / marketing Company

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Angela Florian, S  
Ernesto C. Rijavec, P

Phillip Anderson, VP

**ARTICLE VI REGISTERED AGENT**

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

Angela Florian  
4361 Cactus Ave  
Sarasota, FL 34231

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Angela Florian  
4361 Cactus Ave  
Sarasota, FL 34231

\*\*\*\*\*  
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

4/5/10  
\_\_\_\_\_  
Date

4/5/10  
\_\_\_\_\_  
Date