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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

75 11/19/10

COVER LETTER

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

SUBJECT: **FLORIDA SPANISH MEDIA CORP.**

(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: **FRANCISCO ARREDONDO**

Name (Printed or typed)

1505 DUNDEE RD.

Address

WINTER HAVEN FL. 33884

City, State & Zip

863-228-6250

Daytime Telephone number

whnr1360am@yahoo.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)

ARTICLE I NAME FLORIDA SPANISH MEDIA CORP.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1505 DUNDEE RD.
WINTER HAVEN, FL
33884

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

I AM A MEDIA BROKER

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRANCISCO ARREDONDO
Address: 2507 STATE RD. 17
HAINES CITY, FL
33884

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: RUBI ARREDONDO
Address: 2507 STATE RD 17
HAINES CITY, FL 33844

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FRANCISCO ARREDONDO
Address: 2507 STATE RD. 17
HAINES CITY, FL 33844

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

Rubi Arredondo
Required Signature/Registered Agent

11/10/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

11/10/10
Date