

710000096679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

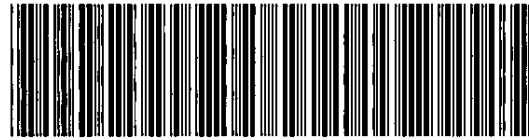
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2010 NOV 29 AM 11:25

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J. Stivers NOV 30 2010

07-725-013  
2553

COVER LETTER

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

SUBJECT: NEW MIAMI MAGAZINE, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>			

FROM: PETER M. GRAVES  
Name (Printed or typed)

1685 JEFFERSON AVE, #3  
Address

MIAMI BEACH, FL 33139  
City, State & Zip

786 315-1026  
Daytime Telephone number

PETER@NEWMIAMIMAGAZINE.COM  
E-mail address: (to be used for future annual report notification)

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 TALLAHASSEE, FL 32304

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:

NEW MIAMI MAGAZINE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1685 JEFFERSON AVE, #3  
MIAMI BEACH, FL 33139

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PETER M. GRAVES, PRES Name and Title:

Address: 1685 JEFFERSON AVE, #3  
MIAMI BEACH, FL 33139

Name and Title: PEGGY BERNICE, SEC Name and Title:

Address: 1685 JEFFERSON AVE, #3  
MIAMI BEACH, FL 33139

Name and Title: Name and Title:

Address: Address:

ARTICLE VI REGISTERED AGENT

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

Name: PETER M. GRAVES  
Address: 1685 JEFFERSON AVE, #3  
MIAMI BEACH, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PETER M. GRAVES  
Address: 1685 JEFFERSON AVE, #3  
MIAMI BEACH, FL 33139

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TALLAHASSEE, FLORIDA

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

Peter M. Graves

Required Signature/Registered Agent

NOV. 22, 2010  
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.

Peter M. Graves

Required Signature/Incorporator

NOV. 09, 2010  
Date