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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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COVER LETTER

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

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SUBJECT: Lithoprint Media Group, Inc.								
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)								
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:								
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status						
	ADDITIONAL C	OPY REQUIRED						
FROM: Alexander Socia, Esq.	(Printed or typed)	N.S.	2010					
3650 Federal Hwy, Suite	,		2010 DEC 16					
Lighthouse Point, FL 33 City, 9	064 State & Zip	10.5 00.5 7.5	PH 1:36					
954-366-5256 Daytime Te	lephone number							
alex@alexsocia.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 The name of the con	NAME reporation shall be: Litho print N	ledla Group,	Inc.	
ARTICLE II	PRINCIPAL OFFICE Principal street address 500 NW 21st Ave		Mailing address, if different is:	
	8 ort Lauderdale, FL 33309			
The purpose for who To engage in	PURPOSE nich the corporation is organized is: any and every lawful business whats	soever herein men	tioned or not.	
ARTICLE IV The number of shar	SHARES es of stock is; 1000			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	<u>s</u>		
Name and Tit Address:	tle:Santina Dipalermo, DPVST 6251 SW 7th St	Name and Title:		
Address.	Margate, FL 33068			
Name and Tit	u.	Name and White	•	
Name and 111 Address:	lle:	_ Name and I itle;		
radicss.		_ Address		
		-		
	le:	Name and Title:		
Address:				
		- 		
		-		
	REGISTERED AGENT		28 2	
The <u>name and Flor</u> Name:	rida street address (P.O. Box NOT acceptable) of	the registered agent is:	5 5	
Address:	Alexander Socia, Esq. 3650 N Federal Hwy, Suite 217			
ridaress.	Lighthouse Point, FL 33064		ASS C	
		<u></u>	4 5 5 T	
	INCORPORATOR		me Pro	
	ress of the Incorporator is:			
Name: Address:	Eric Filkins	-		
Addiess.	440 S Federal Hwy, Suite 207B Deerfield Beach, FL 33441	-	<u>ි</u> සි හ	
Having been name this certificate, I am	I as registered agent to accept service of process familiar with and accept the appointment as regi	s for the above stated co istered agent and agree i	orporation at the place designated in to act in this capacity.	
1-11/1/1/h	Month		12/01/0	
i jer jeri	Required Signature/Registered Agent		Date	
	pent and affirm that the facts stated herein are partment of State constitutes a third degree felony			
[///	' ,		12-10-10	
/	Daniel Comment	<u></u>	/2 - / 0 - / 0 Date	
	Required Signature/Incorporator		Date	