

P11000008312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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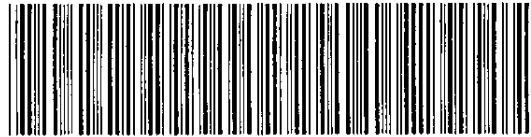
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/26/11--01010--017 **78.75

RECEIVED

11 JAN 26 AM 11:58

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 JAN 26 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS 1/26/11

COVER LETTER

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

SUBJECT: EZY 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: Esra Kocyigit
Name (Printed or typed)

925 E. Magnolia Dr. Apt # A-2
Address

Tallahassee, FL 32301
City, State & Zip

(850) 339 91 88
Daytime Telephone number

mediaez@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)

FILED

11 JAN 26 PM 12:07

ARTICLE I NAME

The name of the corporation shall be: EZY Media, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

925 E. Magnolia Dr. Apt # A-2
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing address, if different is:

ARTICLE III 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: 1200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Esra Kocyigit

Address: 925 E. Magnolia Dr.

Apt # A-2

Tallahassee, FL 32301

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Esra Kocyigit

Address: 925 E. Magnolia Dr. Apt # A-2

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Esra Kocyigit

Address: 925 E. Magnolia Dr. Apt # A-2

Tallahassee, FL 32301

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

Esra Kocyigit
Required Signature/Registered Agent

01/26/2011
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.

Esra Kocyigit
Required Signature/Incorporator

01/26/2011
Date