

P/1000038794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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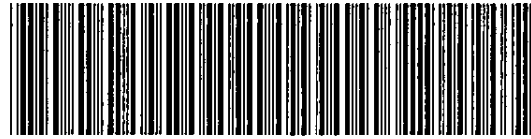
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

u 04/22/11

COVER LETTER

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

SUBJECT: Affinity Media Services, 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: Lisa Robinson
Name (Printed or typed)

7100 Boca Ciega Drive
Address

St. Pete Beach, FL 33706
City, State & Zip

727-367-5377
Daytime Telephone number

lisar8888@mac.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 Affinity Media Services, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
7100 Boca Ciega Drive
St. Pete Beach, FL 33706

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide sales, marketing and creative services including technical production and consulting support to the broadcast and media industries and other organizations.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Robinson, President
Address: 7100 Boca Ciega Drive
St. Pete Beach, FL 33706

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: Lisa Robinson
Address: 7100 Boca Ciega Drive
St. Pete Beach, FL 33706

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lisa Robinson
Address: 7100 Boca Ciega Drive
St. Pete Beach, FL 33706

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.

Lisa Robinson
Required Signature/Registered Agent

4/11/11
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.

Lisa Robinson
Required Signature/Incorporator

4/11/11
Date

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11 APR 20 AM 9:44
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE