

P110000057992

(Requestor's Name)

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

Special Instructions to Filing Officer:

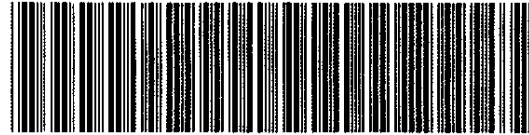
Devon Moment GAVE

AUTHORIZATION BY PHONE TO  
CORRECT Article IV For Number  
OF Shares

DATE \_\_\_\_\_

DOC. EXAM. S Collins

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JUN 21 PM 2:30

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6-22-11

**COVER LETTER**

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

SUBJECT: Moment Communications 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: De'Von Moment  
Name (Printed or typed)

1760 Sw 49th Terrace #2032  
Address

Gainesville, FL 32607  
City, State & Zip

9047355335  
Daytime Telephone number

Beachboy07228@aol.com  
E-mail address: (to be used for future annual report notification)

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2011 JUN 21 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

**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: **Moment Communications, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1760 SW 49th Terrace #2032  
Gainesville, FL 32607

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose for this corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of the State of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>De'Von Moment</u>	Name and Title: _____
Address: <u>1760 SW 49th Terrace #2032</u>	Address: _____
<u>Gainesville, FL 32607</u>	_____
<u>Chief Executive Officer</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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: De'Von Moment  
Address: 1760 SW 49th Terrace # 2032  
Gainesville, FL 32607

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: De'Von Moment  
Address: 1760 SW 49th Terrace # 2032  
Gainesville, FL 32607

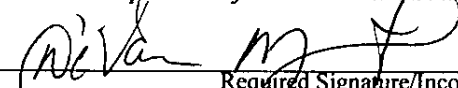
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Required Signature/Registered Agent

June 18th, 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.

  
Required Signature/Incorporator

June 18th, 2011

Date

2011 JUN 21 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FL 32391