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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JAN 10 PM 2:00

FILED

APPROVED

COVER LETTER

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

SUBJECT: Southstar Media & Publications, 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: Dr. Joseph K. Egbebike

Name (Printed or typed)

3536 University Blvd North, #110

Address

Jacksonville, FL. 32277

City, State & Zip

904 382 1747

Daytime Telephone number

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)

APPROVED
AND
FILED

ARTICLE I NAME Southstar Media & Publications, Inc
The name of the corporation shall be:

12 JAN 10 PM 2:25

ARTICLE II PRINCIPAL OFFICE
Principal street address
3536 University Blvd North, #110
Jacksonville, FL 32277

Mailing address, if different from principal office address
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Investments, Business Consulting and Publications

ARTICLE IV SHARES
The number of shares of stock is: 1,000,000 share of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to bylaws of the corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Dr. Joseph K. Egbebike</u>	Name and Title: _____
Address: <u>4813 Florida Club Circle, #1205</u>	Address: _____
<u>Jacksonville, FL 32216</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:

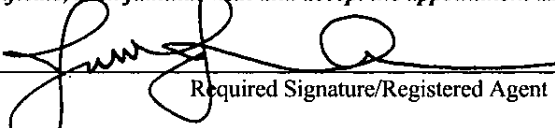
Name: Dr. Joseph K. Egbebike
Address: 4813 Florida Club Circle, #1205
Jacksonville, FL 32216

ARTICLE VII INCORPORATOR

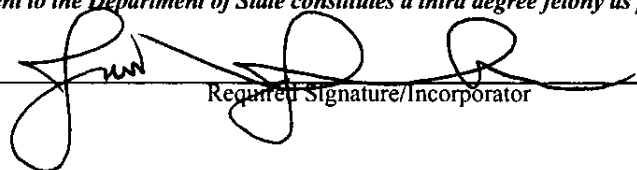
The name and address of the Incorporator is:

Name: Dr. Joseph K. Egbebike
Address: 4813 Florida Club Circle, #1205
Jacksonville, FL 32216

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	1-5-12 _____ Date
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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	1-5-12 _____ Date
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