

P12000026027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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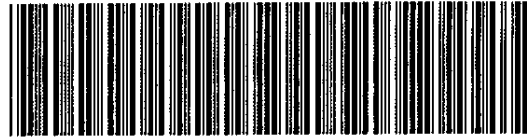
(Business Entity Name)

(Document Number)

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

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR 16 AM 11:54

Ps 3/12/12

## COVER LETTER

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

SUBJECT: 4KNet, 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: Michael DeLucia

Name (Printed or typed)

9440 SW 8th Street, Suite 417

Address

Boca Raton, FL 33428

City, State & Zip

561-715-6181

Daytime Telephone number

mike@4knet.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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME** 4KNet, Inc.  
The name of the corporation shall be:

12 MAR 16 AM 11:54

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
9440 SW 8th Street, Suite 417  
Boca Raton, FL 33428

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Media Investment

**ARTICLE IV SHARES**  
The number of shares of stock is: 1000

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

Name and Title: <u>Michael DeLucia President</u>	Name and Title: _____
Address: <u>9440 SW 8th Street, Suite 417</u>	Address: _____
<u>Boca Raton, FL 33428</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: Michael DeLucia  
Address: 9440 SW 8th Street, Suite 417  
Boca Raton, FL 33428

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael DeLucia  
Address: 9440 SW 8th Street, Suite 417  
Boca Raton, FL 33428

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

Michael DeLucia

Required Signature/Registered Agent

March 10, 2012

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.

Michael DeLucia

Required Signature/Incorporator

March 10, 2012

Date