

P12000031739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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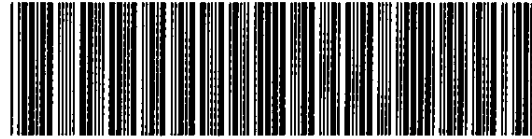
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

1/14

COVER LETTER

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

SUBJECT: MEDIA DIRECT SOLUTIONS, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Nicole R. Kerper

Name (Printed or typed)

559 Vanderslice Street

Address

Phoenixville PA 19460

City, State & Zip

610-933-5145

Daytime Telephone number

Nicoleknapp5@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



Cover Letter, page 2

Thank you in advance for processing our incorporation documents. Please return the certificates to our agent at our office address:

Media Direct Solutions, Inc.
12121 Little Road
Hudson FL 34667

Attn: F. Johnson, Agent

Again thanks.

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:

MEDIA DIRECT SOLUTIONS, INC.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

12121 Little Road

Hudson FL 34667

Mailing address, if different is: 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide quality, high R.O.I. print, internet and mobile device local search services advertising to local, regional, national and international advertisers while realizing a reasonable profit.

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nicole R. Kerper Director

Address: 559 Vanderslice Street

Phoenixville PA 19460

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: FRANKLIN T. JOHNSON II

Address: 13822 GREST LAKE DR.

HUDSON FL 34669

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nicole R. Kerper

Address: 559 Vanderslice Street

Phoenixville PA 19460

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

Franklin T. Johnson II
Required Signature/Registered Agent

3/29/2012
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.

Nicole Kerper
Required Signature/Incorporator

3/29/2012
Date