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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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SECRETARY OF STATE
TALLAHASSEE, FLORIE

7.8MMala WAY 1.7 5045,

COVER LETTER

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

SUBJECT: BANSAVAGE MEDIA 1, INC.								
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)							
Enclosed are an or	riginal 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 & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED							
FROM: _	Name (Printed or typed)							
_	10473 BLOSSOM LAKE DRIVE Address							
	SEMINOLE, FL 33772 City, State & Zip							
_	727-515-0022 Daytime Telephone number							
	BANSAVAGE@HOTMAIL.COM E-mail address: (to be used for future annual report notification)	下 可 フ						

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NA The name of the corpor	AME ration shall be:	BANSAVAGE ME	DIA 1, INC.			
ARTICLE II PR	Principal street		N	Mailing address, if different is:		
		LAKE DR				
ARTICLE III PU	RPOSE					
The purpose for which	n the corporation ENT PLANN	is organized is: ING AND TRADE \$	SHOWS			
ARTICLE IV SH. The number of shares of	HARES of stock is: 10					
Name and Title: Address:	LISA BANS 10473 BLO	RS AND/OR DIRECT SAVAGE, PRESIDE SSOM LAKE DR F, FL 33772	Name and Title: Address:			
Name and Title: Address:			Address:			
Name and Title:			Name and Title:	; <u> </u>		
	GISTERED A	P.O. Box NOT acceptable		nt is:	2012 HA	
Name: Address:		SAVAGE SSOM LAKE DR E, FL 33772			IARY (
	CORPORATO					
The <u>name and addres</u> Name:	s of the Incorpora LISA BANS				S TO	
Address:		SSOM LAKE DR			Diffi N	
		nt to accept service of pro accept the appointment as			at the place designated in his capacity	
	1 25	\lesssim			5/5/12	
	Required Sig	gnature/Registered Agent			Date	
	nt and affirm the		are true. I am aware		information submitted in a S.	
	Regained S	Signature Incorporator			5 5 12 Date	