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2012 JUN -4 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** Big Chair Media, 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 Jones  
Name (Printed or typed)

1786 Bridge Street  
Address

Englewood, Florida 34223  
City, State & Zip

941-468-5900  
Daytime Telephone number

mikejones0820@yahoo.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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**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: **Big Chair Media, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
Michael Jones  
1786 Bridge Street  
Englewood, Florida 34223

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in the business of advertising and publishing, and, pursuant to the laws of the state of Florida, to conduct and transact any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: **100,000**

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

Name and Title: <u>Michael Jones</u>	Name and Title: _____
Address: <u>1786 Bridge Street</u>	Address: _____
<u>Englewood, Florida 34223</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 Jones  
Address: 1786 Bridge Street  
Englewood, Florida 34223

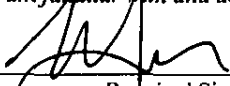
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael Jones  
Address: 1786 Bridge Street  
Englewood, Florida 34223

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TALLAHASSEE, FLORIDA

*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 1, 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.*



\_\_\_\_\_  
Required Signature/Incorporator

June 1, 2012

\_\_\_\_\_  
Date