(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:					

Office Use Only



900235843469

06/18/12--01031--021 \*\*87.50

## **COVER LETTER**

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

SUBJECT:	1774, Inc.							
(PROPOSED	CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )							
Enclosed are an original and one (1) copy	of the articles of incorporation and a check for:							
\$70.00 \$78.75 Filing Fee & Certificate of S	\$78.75  Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED							
ED OF 4	Tim Woothersneen							
FROM:	Tim Weatherspoon Name (Printed or typed)							
59	959 Collins Ave. Unit 604							
	Address							
N	liami Beach, FL 33140 City, State & Zip							
	•							
	(917) 558-7966 Daytime Telephone number							
tjw	eatherspoon@gmail.com : (to be used for future annual report notification)							
E-mail address	; (to be used for future annual report nonfication)							

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

ARTI	CLE	s o	FIN	COR	POR	ATI	ON

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME	İ	1	1774, Inc.			
	orporation shall be:		1	1774, IIIC.			
ARTICLE II	PRINCIPAL OFFICE						
	Principal street address	·	l		Mailir	ng address, if different is:	
	5959 Collins Ave. Unit	<u>604</u>		j .			
_	Miami Beach, FL 331	<u> 40</u>					
		<del>↓</del> ∴	Ш				
4 D. W. O. I. B. 177	DIMBOOR						
ARTICLE III	PURPUSE  which the corporation is organize	ر ا					
The purpose for w		13.	П				
	Media	Mε	na	ement (Con	sulting)		
		-					
		İ					
ARTICLE IV			H	4 (22.2)			
The number of sha	res of stock is:	ļ		1 (one)			
ARTICLE V	INITIAL OFFICERS AND	ÓR I	IR.	CTORS			
Name and T	itle:Tim Weatherspoon, P	resi	den	Name	and Title:		
Address:	5959 Collins Ave. Uni	<u> 1604</u>	4	Addre			
•	Miami Beach, Fl 3314	ф	Н	<u> </u>			_
	· · · · · · · · · · · · · · · · · · ·	₩	+-+	<u> </u>			_
Name and T	'itle:		Н	Name	and Title:		
Address:	11101	<del>†</del>		Addre			
		<u> </u>					
•			Ш				33
1.7	*****				3 T!4I	2	<u> </u>
Address:	itle:	╁		Addre		E	2
rtodicas.	<del></del>	<del>i -</del>	H				ا خار توسید از براز جیست
4 D T (C) F 177	REGISTERED AGENT			1			25 787
	orida street address (P.O. Box N	OT a	CPT	l table) of the regis	stered agent is:	3# 2\$	76 1.
Name:	Tim Weather				nerva agori, is.	ۻ	201
Address:	5959 Collins Av					مين	
	Miami Reach_l	L3:	14	<b>f</b>		C39	
ADTICI D IIII	INCORPORATOR						
	dress of the Incorporator is:						
Name:	Tim Weather	Sno	dn l				
Address:	5959 Collins Ave		ii k	04			
	Miami Beach, F	L33	140				
Having been nam	ed as registered agent to accept	Serut	40 0	process for the	above stated co	ornoration at the place designat	ed in
this certificate, I a	m familiar with and accept the a	ppoin	mai	t as registered as	gent and agree	to act in this capacity	•••
, 1.					, .	11.	
· / We		١.		į		6/13/12	
<del></del>	Required Signature/Reg	istere	A	ent		Date	_
I mahmali dhin daan	mant and affirm that the fact.		] , [	alu aua 4 , .	and muman that	ika falsa lufanmailan eribudisi.	i in
	iment and affirm that the facts epartment of State constitutes a t						ın u
	spariment by state conquires to		756	- Jesusy as provi	insugui iri 3.01	riavuja ibr	
X /I Wa						6/12/12	
	Required Signature/Ir	corp	drate	i <del></del>	<del></del>	Date	—
	· ·		1 1				