P12000/00360

(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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COVER LETTER

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

SUBJECT: L F	G MEDIA, CORP	·	
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d 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 CO	OPY REQUIRED
1 KOW	ISANDRA ALVA Nam 1361 sw 7th Terr	e (Printed or typed)	
<u>-</u>		Address	
M	iami FL 33174		
78	36 326 2407	, State & Zip	
LA	Daytime 1	COM	
	_	ed 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)

he name of the	corporation shall be: LFG MEDIA,	CORP.	FILE
ne name of the			40 DEC 7 19 11- 14
RTICLE II	PRINCIPAL OFFICE		12 DEC -7 AN II: 1
	Principal street address		Mailing address, if different is:
	MIAMI	. 	PARTIES AND SHEET COMME
	FL 33174		THE ASSET LINES.
RTICLE III			
he purpose for	which the corporation is organized is: To de	evelop and promote various	s types of media, including, but not limited to
book publishi	ing, magazine articles, and production	of radio and television	n programs and any other endeavor
	ler the statutes of the State of Florida		
orrando di la		••	
RTICLE IV	SHARES 400		
he number of sh	nares of stock is: 100		
RTICLE V	INITIAL OFFICERS AND/OR DIRE	PCTANDO	
Name and	Title: Llaandra Alvaraz, President and Sec./Treas.		e:
Address:	11361 sw 7th Terrace		
	Mlami FL		
	33174		
N 1/	90741	a. Imid	
Name and Address:	Title:		
Address:		Address:	
			
		 	
Name and '	Title:	Name and Titl	e:
Address:		Address:	
			
RTICLE VI	REGISTERED AGENT		
he <u>name and F</u>	lorida street address (P.O. Box NOT accep	stable) of the registered ag	gent is:
Name:	Lisandra Alvarez		
Address:	11361 sw 7th Terrace	<u>, , , , , , , , , , , , , , , , , , , </u>	
	Mlami FL 33174		
RTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	Lisandra Alvarez		
Address:	11361 sw 7th Terrace		
	Miami FL 33174	<u></u>	
	ned as registered agent to Accept service of am familiar with and accept the appointme		
is cerujicute, r	am jumusar wan ana accept the appointmen	ni us regisiereu ugeni uni	a agree to act in inis capacity
	(I)		
	D		12/3/2012
	Required Signature/Registered Ag	ent	Date
submit this doc	cument and affirm that the facts stated her	ein are true. I am awar	e that the false information submitted in a
cument to the	Department of State constitutes a third degr	ee felony as provided for	in s.817.155, F.S.
	(1)		-
	I W I		
	(12		12/3/2012