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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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13 APR -1 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT: SYNC MEDIA ENTERPRISES 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: BAYARDO SINCLAIR**  
Name (Printed or typed)  
**700 VIA LUGANO CIRCLE #209**  
Address  
**BOYNTON BEACH, FL 33436**  
City, State & Zip  
**561.512.9581**  
Daytime Telephone number  
**SYNCDESIGNZ@GMAIL.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**        SYNC MEDIA ENTERPRISES INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**  
Principal street address

700 VIA LUGANO CIR #209  
BOYNTON BEACH, FL 33436

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

**ARTICLE III    PURPOSE**  
The purpose for which the corporation is organized is: SYNC MEDIA IS A FULL SERVICE GRAPHIC AND PRINTING COMPANY.

**ARTICLE IV    SHARES**    100  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: BAYARDO SINCLAIR, PRESIDENT

Address        700 VIA LUGANO CIR #209  
                  BOYNTON BEACH, FL 33436

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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(cont.)

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: BAYARDO SINCLAIR

Address: 700 VIA LUGANO CIR #209

BOYNTON BEACH, FL 33436

**ARTICLE VII INCORPORATOR**

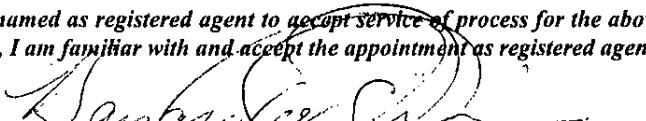
The name and address of the Incorporator is:

Name: BAYARDO SINCLAIR

Address: 700 VIA LUGANO CIR #209

BOYNTON BEACH, FL 33436

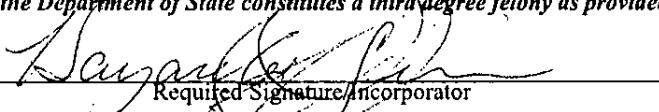
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

3/25/2013

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

3/25/2013

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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