

P13000055857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

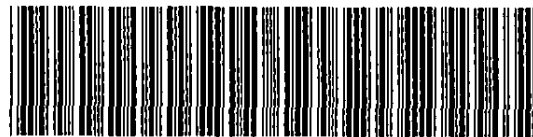
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JUL -1 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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13 JUL -1 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 7/1/13

COVER LETTER

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

SUBJECT: _____

Catalyst Media

(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: _____

Jesse Henry

Name (Printed or typed)

P.O. Box 61801 75 N Woodward Ave

Address

Tallahassee, FL 32301

City, State & Zip

954-778-8096

Daytime Telephone number

Miss.catalystmedia@gmail.com

E-mail address: (to be used 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)

ARTICLE I NAME

The name of the corporation shall be: Catalyst Media Productions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1845 Belle Vue Way Apt 153
Tallahassee, FL 32304

P.O. Box 61801
75 N Woodward Ave 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide marketing videos
to small businesses and organizations.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 300

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jesse Henry President Name and Title: _____

Address 2110 Seawic Road Address: _____
Tallahassee FL 32303

Name and Title: Matt Carus Treasurer Name and Title: _____

Address 1612 Overstreet St. Address: _____
Apt 28
Tallahassee FL 32304

Name and Title: Daniel Quinn Secretary Name and Title: _____

Address 1845 Belle Vue Way Address: _____
Tallahassee FL
32304

(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: Daniel Quinn
Address: 1845 Belle Vue Way Apt 153
Tallahassee, FL 32304

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REGISTRY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jesse Henry
Address: 2110 Scenic Road
Tallahassee FL 32303

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

[Signature]
Required Signature/Registered Agent

7/1/13
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.

[Signature]
Required Signature/Incorporator

7/1/13
Date