## P13000068928

(Requestor's Name)	<del></del>
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE OIVISION OF CORPORATIONS

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## - COVER LETTER

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

	SUBJECT:	1F MEDIA	DESIGN	CORP.
\$70.00 \$78.75 \$\square\$\$\$ \$78.75 \$\square\$\$\$ \$\frac{1}{2}\$\$ \$78.75 \$\square\$\$\$ \$\frac{1}{2}\$\$ \$78.75 \$\square\$\$\$ \$\frac{1}{2}\$\$ \$78.75 \$\square\$\$\$ \$\frac{1}{2}\$\$ \$87.50 \$\square\$\$ \$\frac{1}{2}\$\$ \$\frac	•	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Filing Fee Filing Fee Filing Fee, & Certificate of Status Filing Fee Filing Fee, & Certified Copy & Certificate of & Certificate	Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
ADDITIONAL COPY REQUIRED	•	Filing Fee	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

FROM:	Voseph Anthony Velasquez Name (Printed or typed)
	Name (Printed or typed)
-	5781 NW 112+h Ave #102
	Address
	Doval, FL 33178  City, State & Zip
	City, State & Zip
	305 - 282 - 1751
•	Daytime Telephone number
_	Anthony V 121 @ Gmail. Com E-mail address: (to be used for future annual report notification)
	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)

The name of the corpor	LME ration shall be:	MF	MEDI	A DES	16N	CORP	
	Principal offi Principal street NW 112+1 FL 33	address Ne	#102 —		Mailing add	dress, if different is:	
ARTICLE III PUT The purpose for which Softwa by Selli From V	the corporation i	ign ( tom S	orpovo	tion.	Ma ld re	ke mon	ey
	of stock is: 10 ITTIAL OFFICE Ite: JOSEPH 5181 N # 102	rs and/or Velas q	DIRECTORS VEZ GEOT AVE			2913 AUG 19 PM 1: 12	OF STATE
Name and Titl							
Name and Titl Address							

			DIVISION OF	LED Y OF STATE CORPORATIONS	
Name and Title:		Name and Title:_	2813 AUG 19	DW to to	
Address	<del></del>	Address:	- 7,00 1 3	LU 1: 15	
		·			
		_			
	roveden acere				
	<u>ISTERED AGENT</u> t <u>reet address</u> (P.O. Box NOT acceptable) of	the registered agen	t is:		
Name: \0	senh Velasquoz	U U			
<u> </u>	181 NW 112+h Ave.	#102			
Address: 5	1	, PT 102			
1)	oral, FL 33178				
ARTICLE VII INCO	DRPORATOR				
ARTICLE VII INCC	AT ORATOR				
The name and address o	f the Incorporator is:			,	
Name:	loseph Velasquez				
Address:	5781 NW 112th Ave	#102			
7	Joval, FL 33178				
<u>71</u>	201 601 10 331 18	•			
	egistered agent to accept service of process				
this certificate, I am fami	iliar with and accept the appointment as reg	istered agent and a	gree to act in this	capacity	
SI, IR	~\\		5	( 15 ) 13	
7	Required Signature/Registered Agent			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.					
all	luc		(	8/15/13	
	Required Signature/Incorporator		<del></del>	Date	