

P 3000086250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

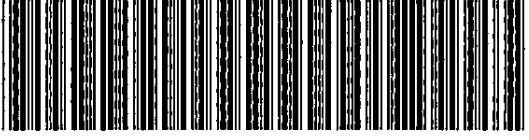
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/21/13--01010--016 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 21 AM 11:12

Ps 10/22/13

COVER LETTER

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

SUBJECT: Test Media Corp.

(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: Pamela Zboch

Name (Printed or typed)

23 Cambridge Trace

Address

Ormond Beach, FL 32174

City, State & Zip

386-671-6495

Daytime Telephone number

pzboch@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)

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DIVISION OF CORPORATIONS

ARTICLE I NAME
The name of the corporation shall be: Test Media Corp

ARTICLE II PRINCIPAL OFFICE
Principal street address

13 OCT 21 AM 11:12
Mailing address, if different is:

23 Cambridge Trace
Ormond Beach, FL 32174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Acquire unusual products and intellectual property that can be offered for sale or license.

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Pamela Zboch, President</u>	Name and Title:	_____
Address	<u>23 Cambridge Trace</u> <u>Ormond Beach, FL 32174</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

(conti.)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

~~13 OCT 21 AM 11:12~~

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Pamela Zboch

Address: 23 Cambridge Trace
Ormond Beach, FL 32174

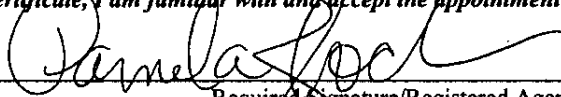
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Pamela Zboch

Address: 23 Cambridge Trace
Ormond Beach, FL 32174

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

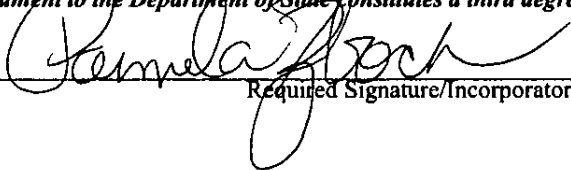


Required Signature/Registered Agent

10-16-13

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.



Required Signature/Incorporator

10-16-13

Date