P130010189/

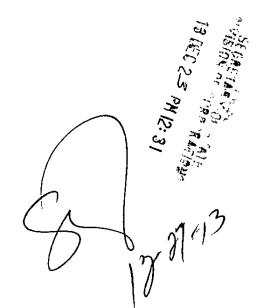
| (Re | equestor's Name) | | | |
|-----------------------------------------|------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL MAIL | | |
| (Business Entity Name) | | | | |
| / | / | | | |
| joc | cument Number) | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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| | | | | |
| | | | | |
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| | | | | |

Office Use Only



800253968158

12/23/13--01022--011 **87.50



COVER LETTER

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

| SUBJECT: AHEAD MEDIA INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | | |
|--------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------|--|--|
| | | | | | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED | | |
| FROM: P | rotax Solution In | C | | | |
| Name (Printed or typed) | | | | | |
| 1312 Kings Hwy FI 2 | | | | | |
| | | Address | | | |
| Br | ooklyn NY 1122 | | | | |
| | City, | State & Zip | <u> </u> | | |
| 71 | 8-743-1930 | | | | |

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

email@protaxnyc.com

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I NA The name of the corpor | ME ation shall be: AHEAD MEDIA | INC | |
|---------------------------------------|-----------------------------------------|--------------------------|--|
| | INCIPAL OFFICE Principal street address | Mailing address, if diff | |
| SUNNY ISLE | S BEACH FL 33160 | | |
| ARTICLE III PUI The purpose for which | RPOSE the corporation is organized is: | ind all lawful business | |
| | | | |
| | | 72.7 | |
| | ARES f stock is: 200 no par value | apc | |
| | e: Vladimir Perlovich | Name and Title: | |
| Address | 200 172nd St Apt 404 | Address: | |
| | Sunny Isles Beach | | |
| | FL 33160 | | |
| Name and Title | p: | Name and Title: | |
| Address | | Address: | |
| | | | |
| Name and Title | ···· | Name and Title: | |
| Address | | Address: | |
| | | <u> </u> | |

| Name an | d Title: | Name and Title: | |
|-----------------|---------------------------------------------------------------------------------------------------------------|--------------------------|------------|
| Address | | Address: | |
| | | | |
| | | | |
| ARTICLE VI | REGISTERED AGENT | | |
| The name and F | orida street address (P.O. Box NOT acceptable) of | the registered agent is: | |
| Name: | Vladimir Perlovich | | |
| Address: | 200 172nd St Apt 404 | | |
| | Sunny Isles Beach FL 33160 | | |
| ARTICLE VII | INCORPORATOR | | |
| The name and ac | ldress of the Incorporator is: | | |
| Name: | Vladimir Perlovich | | |
| Address: | 200 172nd St Apt 404 | | |
| | Sunny Isles Beach FL 33160 | | |
| | ned as registered agent to accept service of process am familiar with and accept the appointment as regi | | |
| | Required Signature/Registered Agent | | Date |
| | ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony | | |
| \times V | Derlovalk | | 12/17/2013 |
| | Required Signature/Incorporator | | Date |