

P140000007001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

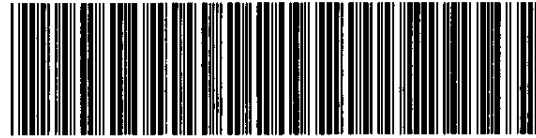
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



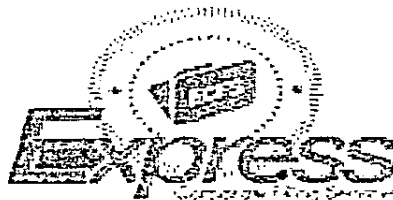
100255009751

01/16/14--01002--006 **157.50

RECEIVED
DEPT. OF STATE
14 JAN 16 AM 10:57

FILED
14 JAN 24 AM 8:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WA-3408



1000 Ponce de Leon Blvd. Suite: 105
Coral Gables, FL 33134
Phone: 305-444-4994
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Bonjour Television Network, Inc.

(CORPORATE NAME)

(DOCUMENT #)

2.

(CORPORATE NAME)

(DOCUMENT #)

3.

(CORPORATE NAME)

(DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☒ Certified Copy

☐ Certificate Of Status

| New Filings | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | Non-Profit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Other: |

| Amendments | |
|--------------------------|------------------------|
| <input type="checkbox"/> | Amendments |
| <input type="checkbox"/> | Resignation |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Other: |

| Other Filings | |
|--------------------------|-----------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Apostille: |
| <input type="checkbox"/> | Other: |

Examiners Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2014

EXPRESS CORPORATE FILING SERVICES

SUBJECT: BONJOUR TELEVISION NETWORK, INC.
Ref. Number: W14000003408

We have received your document for BONJOUR TELEVISION NETWORK, INC. and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 014A00001185

RECEIVED
14 JAN 21 AM 10:39
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2014

EXPRESS CORPORATE FILING SERVICES

SUBJECT: BONJOUR TELEVISION NETWORK, INC.
Ref. Number: W14000003408

RECEIVED
JAN 24 2014
SUPPORT DIVISION

2014 JAN 24 AM 10 34

We have received your document for BONJOUR TELEVISION NETWORK, INC. and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 014A00001185

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

ARTICLE I NAME BONJOUR TELEVISION NETWORK, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address

1000 PONCE DE LEON BLVD
STE 102
CORAL GABLES, FL 33134

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BLEU 24 HOLDING GROUP, INC. (P/S)

Address: 1000 PONCE DE LEON BLVD

STE 102

CORAL GABLES, FL 33134

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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14 JAN 24 AM 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(conti.)

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: BLEU 24 HOLDING GROUP, INC.
Address: 1000 PONCE DE LEON BLVD STE 102
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BLEU 24 HOLDING GROUP, INC.
Address: 1000 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

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 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 Date

FILED
14 JAN 24 AM 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA