

PIA000014794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

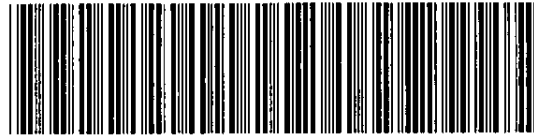
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10:00 AM 2/18/14  
SUF. SEC. DIV. FILING

2014 FEB 18 AM 10:58

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STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: Multimedia Consulting Firm INC  
(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: Wanza Daniels  
Name (Printed or typed)

2841 NW 63<sup>rd</sup> Place  
Address

Gainesville FL 32653  
City, State & Zip

352-281-5529 or 909-224-7815  
Daytime Telephone number

wanza.daniels@aol.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:

Multimedia Consulting Firm, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3324 W. University Ave Ste 347  
Gainesville, FL 32607

Mailing address, if different is:

P.O. Box 357628  
Gainesville, FL 32635

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO conduct any and ALL  
Lawful Businesses - Marketing, Advertising  
Broker, Mediator, Consulting, Negotiation  
Research - Distributor - Funds secured and  
Investments

**ARTICLE IV SHARES**

The number of shares of stock is:

3

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Wanza Daniels

Name and Title:

(CEO)

Address

P.O. Box 357628  
Gainesville FL 32628

Address:

Name and Title:

Bondary Fugate

Name and Title:

Director

Address

P.O. Box 32635  
Gainesville FL 32635

Address:

Name and Title:

Jean Wesley Demosthene

Name and Title:

Director

Address

3324 W. University Ave Ste 347  
Gainesville, FL 32607

Address:

STATE OF FLORIDA  
DEPARTMENT OF STATE  
FILED

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AND  
FILED

(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: Wanza L Daniels

Address: 3324 W University Ave Ste 347  
Gainesville, FL 32607

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Wanza L Daniels

Address: 3324 W University  
Gainesville, FL 32607

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

Wanza L Daniels  
Required Signature/Registered Agent

2/18/14  
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.

Wanza L Daniels  
Required Signature/Incorporator

2/18/14  
Date

STATE  
OF  
FLORIDA

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FILED