

**PH4000021748**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
BE REAL MEDIA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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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:** Be Real Media, 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:** Be Real Media, Inc.  
Name (Printed or typed)  
495 Grand Blvd., Suite 206  
Address  
Miramar Beach, FL 32530  
City, State & Zip  
(850) 598-0200  
Daytime Telephone number  
debbymckinney@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)

**ARTICLE I NAME**

The name of the corporation shall be: Bc Real Media, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

495 Grand Blvd., Suite 206

Miramar Beach, FL 32530

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any legal activity / business management services

**ARTICLE IV SHARES**

The number of shares of stock is: 2,000

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

Name and Title: Deborah D. McKinney, Director

Name and Title: \_\_\_\_\_

Address 495 Grand Blvd., Ste. 206

Address: \_\_\_\_\_

Miramar Beach, FL 32530

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

(cont.)

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: NRAI Services, Inc.  
Address: 1200 South Pine Island Road  
Plantation, FL 33324

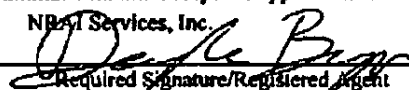
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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Brent Buscay  
Address: 9120 Double Diamond Parkway  
Reno, NV 89521

*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*

By: <u></u>	<u>03/07/2014</u>
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.*

<u></u>	<u>3/7/2014</u>
Required Signature/Incorporator	Date
Brent Buscay, Incorporator	