P14000029529

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Dod	cument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only

2553-611

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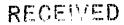
COVER LETTER

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

SUBJECT: BA	NSAVAGE MEI	DIA A, INC ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM: LI	SA BANSAVAG	E (Printedior (vned) , 52	had " trade at
	0473 BLOSSOM		
		Address	
SI	EMINOLE, FL 3		14 MAR 27
	City	, State & Zip	R 2
72	27-515-0022	·	7 -
	Daytime	Telephone number	- P
В	ANSAVAGE@H	OTMAIL.CON	√l ;,

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

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14 MAR 27 PH 12: 37

SECRETAL FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA Division of Corporations

March 19, 2014

LISA BANSAVAGE 10473 BLOSSOM LAKE DRIVE SEMINOLE, FL 33772

SUBJECT: BANSAVAGE MEDIA A, INC.

Ref. Number: W14000017603

We have received your document for BANSAVAGE MEDIA A, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 214A00005959

14 MAR 27 PM 4: 15

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

FILED SECHETARY OF STATE DIVISION OF CORPORATIONS

LE II PRINCII		MEDIA A, INC	14 MAR 27 PH L
	OM LAKE DR	_	
ΛΙΝΟLE, F		Total date in	
		-	lone :
CLE III PURPOS pose for which the co	SE PROVIDE PRO	DING MEDIA AND EV	ENT SERVICES
CLE IV SHARE	\$ 400		
CLE IV SHARE THE TOTAL SHARE THE SHARE OF STOCK	. OFFICERS AND/OR DIRECTO		
CLE V INITIAL LIS Name and Title: 10	A BANSAVAGE, PRESIDENT	Name and Title:	
Name and Title: Address	A BANSAVAGE, PRESIDENT	Name and Title:Address:	
Name and Title: Address	A OFFICERS AND/OR DIRECTO SA BANSAVAGE, PRESIDENT 473 BLOSSOM LAKE DR	Name and Title:Address:	
Name and Title: Address SE	COFFICERS AND/OR DIRECTO SA BANSAVAGE, PRESIDENT 473 BLOSSOM LAKE DR EMINOLE, FL 33772	Name and Title:Address:	
Name and Title: Name and Title: Name and Title:	COFFICERS AND/OR DIRECTO SA BANSAVAGE, PRESIDENT 473 BLOSSOM LAKE DR EMINOLE, FL 33772	Name and Title:	
Name and Title: Name and Title: Name and Title:	COFFICERS AND/OR DIRECTO SA BANSAVAGE, PRESIDENT 473 BLOSSOM LAKE DR EMINOLE, FL 33772	Name and Title:	
Name and Title: Name and Title: Name and Title:	COFFICERS AND/OR DIRECTO SA BANSAVAGE, PRESIDENT 473 BLOSSOM LAKE DR EMINOLE, FL 33772	Name and Title:	
Name and Title: Name and Title: Address Name and Title: Address	A DATE OF THE STATE OF THE STAT	Name and Title: Address: Name and Title: Address:	

Name and	d Title:	Name and Title:	
Address		Address:	
		<u> </u>	
ADDICE DE	DECICEBED ACENT		
ARTICLE VI The name and Fl	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) or	of the registered agent is:	
Name:	Usa Bansavage	_	
Address:	10473Blossomlak	e Dr	
	Seminole, FL 337=	£5	
ARTICLE VII	INCORPORATOR		
The name and ac	Idress of the Incorporator is:		
Name:	LISA BANSAVAGE	_	
Address:	10473 BLOSSOM LAKE DRIVE	_	
	SEMINOLE, FL 33772		
	um familiar with and accept the appointment as reg	. i .	in
	Required Signature/Registered Agent		
		e true. I am aware that the false information submitted in	a
	UBSee	3/15/2014	,
<u> </u>	Required Signature/Incorporator	Date	

JIVISION DEN OF STATE COMPORATIONS