

P140000033860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

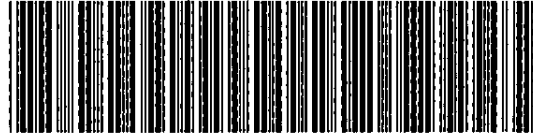
(Document Number)

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

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RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
14 APR 14 PM 2:51

## COVER LETTER

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

SUBJECT: 4-Most Media Design, 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: Meryl Mansell  
Name (Printed or typed)  
600 Whitehead St., Suite 202  
Address  
Key West, FL 33040  
City, State & Zip  
(305) 304-9137  
Daytime Telephone number  
mmansell96@att.net  
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: 4-Most Media Design, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

600 Whitehead Street  
Suite 202  
Key West, FL 33040

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: 4-Most Media Design  
Offers their customers print  
and media advertising, branding,  
graphics, marketing, animation,  
search engine optimization,  
web statistics and other web  
services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Meryl Mansell, P Name and Title: \_\_\_\_\_

Address 600 Whitehead St. Address: \_\_\_\_\_

Suite 202

Key West, FL 33040

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

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

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

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

SECRETARY  
DIVISION OF REVENUE  
14 APR 14 PM 2:51

(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: Meryl Mansell  
Address: 18 Bougainvillea Ave.  
Key West, FL 33040

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Meryl Mansell  
Address: 18 Bougainvillea Ave.  
Key West, FL 33040

*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*

Meryl Mansell  
Required Signature/Registered Agent

4/8/14  
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.*

Meryl Mansell  
Required Signature/Incorporator

4/8/14  
Date