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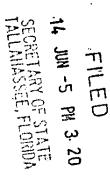
(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL.		
(Bu	siness Entity Nam	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

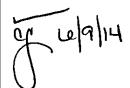
Office Use Only



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COVER LETTER

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

SUBJECT: Hit	sradio, Inc		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	riginal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	• • • • • • • • • • • • • • • • • • • •	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Jeffrey J. Bachme	ier	-
	Name	(Printed or typed)	
7	218 Dumaine Ave	Address	<u> </u>
.F	Port Orange, FL 3		

City, State & Zip

Daytime Telephone number

jeff.bachmeier@hitsradio.com
E-mail address: (to be used for future annual report notification)

386-405-0977

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)

CLE IV SHARES Nome and Title: Name and Title:		tion shall be: Hitsradio, Inc	<u> </u>	
CLE III PURPOSE urpose for which the corporation is organized is: Internet Radio Company CLE IV SHARES Urber of shares of stock is: 20,000,000 CLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Jeffrey J. Bachmeier / President-Treasurer Name and Title: Address Port Orange, FL 32129 Name and Title: Name and Title: Address Address Address: Name and Title: Name and Title	CLE II PRI	NCIPAL OFFICE Principal <u>street</u> address	14 JUN -5	Pu
Name and Title: Jeffrey J. Bachmeier / President-Treasurer Address 1218 Dumaine Ave Port Orange, FL 32129 Name and Title:			TALLAHAU TALLAHAU	
Name and Title: Name and Title: Address Port Orange, FL 32129 Name and Title:	CLE III PUR irpose for which t	POSE he corporation is organized is:	t Radio Company	
Name and Title: Name and Title: Address Port Orange, FL 32129 Name and Title:				
Name and Title:				
Name and Title: Address 1218 Dumaine Ave Port Orange, FL 32129 Name and Title: Address Address: Address: Name and Title:				
Port Orange, FL 32129 Name and Title: Address Address: Address: Name and Title: Name and Title: Name and Title:	CLE V INIT	TIAL OFFICERS AND/OR DIRECTOR		
Address: Name and Title: Name and Title:	CLE V INIT	TIAL OFFICERS AND/OR DIRECTOR Jeffrey J. Bachmeier / President-Treasure	Name and Title:	
Name and Title:Name and Title:	CLE V INIT	Jeffrey J. Bachmeier / President-Treasurer 1218 Dumaine Ave	Name and Title:	
	CLE V INIT Name and Title Address	Jeffrey J. Bachmeier / President-Treasurer 1218 Dumaine Ave Port Orange, FL 32129	Name and Title:Address:	
	Name and Title Address Name and Title	Jeffrey J. Bachmeier / President-Treasurer 1218 Dumaine Ave Port Orange, FL 32129	Name and Title: Address: Name and Title:	
and the second s	Name and Title Address Name and Title	Jeffrey J. Bachmeier / President-Treasurer 1218 Dumaine Ave Port Orange, FL 32129	Name and Title: Address: Name and Title:	
Address: Address:	Name and Title Address Name and Title: Address	Jeffrey J. Bachmeier / President-Treasurer: 1218 Dumaine Ave Port Orange, FL 32129	Name and Title: Address: Name and Title: Address:	

Name and	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT	Caller manifestament annount ins	,
<u>-</u>	orida street address (P.O. Box NOT acceptable) of Jeffrey J. Bachmeier	the registered agent is:	
Name:	1218 Dumaine Ave		
Address:	Port Orange, FL 32129		
	Tort Orange, 1 L 32 129		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Jeffrey J. Bachmeier		
Address:	1218 Dumaine Ave		
	Port Orange, FL 32129		
	ned as registered agent to accept service of process	istered agent and agree to act in	
19	Required Signature/Registered Agent		Date
I submittibis doci document to the I	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false y as provided for in s.817.155, F	information submitted in a S.
	KI KI		05/27/2014
	Required Signature/Incorporator		Date
	\mathcal{O}		

FILED

14 JUN -5 PH 3: 20

SECRETARY OF STATE
TALLAHASSEE FI DRIDA

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