

P 14000056509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

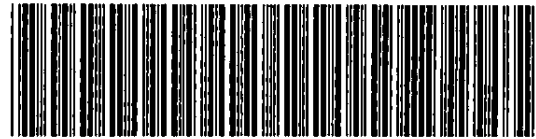
(Business Entity Name)

(Document Number)

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

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14 JUN 30 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

gf 7/1/14

## COVER LETTER

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

SUBJECT: **SOUTH FLORIDA MEDIA NETWORK, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: **DWIGHT MOBLEY**  
Name (Printed or typed)

**5525 NW 7TH AVE**  
Address

**MIAMI, FL 33127**  
City, State & Zip

**305.469.7730**  
Daytime Telephone number

**dkmoble@gmail.com**  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

**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: South Florida Media Network, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5525 NW 7TH AVE, #400

Miami, FL 33127

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: ANDRE L. WILLIAMS, P

Address: 1490 NW 3RD AVE  
MIAMI, FL 33136

Name and Title: ALBRICKA GORDON, VP1

Address: 1501 NW 1ST PL  
MIAMI, FL 33136

Name and Title: CRAIG UPTGROW, VP2

Address: 3500 NW 188TH ST  
MIAMI GARDENS, FL 33056

Name and Title: ALFREDA GLOVER, S

Address: 642 NW 5TH AVE, #B409  
MIAMI, FL 33136

Name and Title: DWIGHT MOBLEY, T

Address: 5525 NW 7TH AVE  
MIAMI, FL 33127

Name and Title: TERRY L. JONES, D

Address: 1528 NW 43RD ST  
MIAMI, FL 33142

(conti.)

Name and Title: MELODY MOBLEY, D Name and Title: \_\_\_\_\_  
Address: 5525 NW 7TH AVE Address: \_\_\_\_\_  
MIAMI, FL 33127 \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

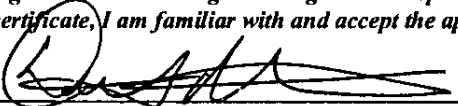
Name: DWIGHT MOBLEY  
Address: 5525 NW 7TH AVE  
MIAMI, FL 33127

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

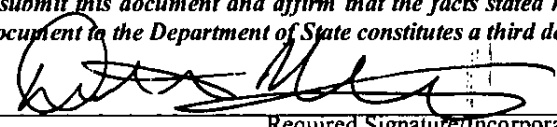
Name: DWIGHT MOBLEY  
Address: 5525 NW 7TH AVE  
MIAMI, FL 33127

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

06/27/2014  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

06/27/2014  
\_\_\_\_\_  
Date

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