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Division of Corporations

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
LAGOOD MEDIA INC.

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

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B 8/12/14

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

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

SUBJECT: Lagoon 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: Meyr Aviv
Name (Printed or typed)

1602 Alton Rd. Suite 369
Address

Miami Beach, FL 33139
City, State & Zip

9543948350
Daytime Telephone number

meyraviv@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

ARTICLE I NAME
The name of the corporation shall be Lagoon Media Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different
1602 Alton Rd., Suite 369	1602 Alton Rd., Suite 369
Miami Beach, FL 33139	Miami Beach, FL 33139

ARTICLE III PURPOSE
The purpose for which the corporation is organized is Marketing Company On line

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ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Meyr Aviv - President
Address: 1602 Alton Rd
Suite 369
Miami Beach FL 33139

Name and Title
Address

Name and Title
Address

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

_____ _____

_____ _____

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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 Rd

Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Meyr Aviv

Address: 1602 Alton Rd Suite 369

Miami Beach, FL 33139

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.

Michele Holden 8/6/14

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.

_____ 8/6/14

Required Signature/Incorporator Date