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(((H14000207521 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION

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.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION NexGen Media, Inc.

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\$70.00

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## **COVER LETTER**

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

SUBJECT:	NexGen Media, Inc. (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	JDE SUFFIX)
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	l a check for:
<b>≥ \$70.0</b> Filing Fe		\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM:	Ricky Lee		
	Name	(Printed or typed)	
	11202 Harbour Springs Circle	Address	
	Boca Ruton, FL 33428		
	City,	State & Zip	
	561.314.8686		
	Daytime T	elephone number	
	rickyalee@gmail.com		
	E-mail address: (to be use	d for future annual report i	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)

TICLE I N	NexGen Media, Incoration shall be:		,	_
<u>-</u>	Principal <u>street</u> address		Mailing address, if different is:	
30 West State Ros	ad 84	·		
lc 232 -		·		
vie, FL 33324·		·		
TICLE III P	URPOSE cno	ope in any transactions law	vfully allowed by Florida law	
purpose for which	th the corporation is organized is:			
		<u> </u>		
			·	
				- i
				-
				1
	HARES 10,000 at .01 cach			1
TICLE IV S				<u>.</u>
number of shares		ectors		H HIIIO J
number of shares	NITIAL OFFICERS AND/OR DIR		Steve Purtic, Director	E
number of shares  TICLE V I  Name and 1	NITIAL OFFICERS AND/OR DIR	Name and Title	Sleve Purtic, Director 8930 West State Road 84	E
number of shares	NITIAL OFFICERS AND/OR DIR		·	<u>.</u>
number of shares  TICLE V I  Name and 1	NITIAL OFFICERS AND/OR DIR  Title:  8930 West State Road 84	Name and Title	8930 West State Road 84	<u>.</u>
number of shares  TICLE V I  Name and 1	NITIAL OFFICERS AND/OR DIR  Nititle:  8930 West State Road 84  Suite 232  Davie, FL 33324  Tausif Kahn, Director	Name and Title	8930 West State Road 84 Suite 232 Davie, FL 33324	<u>.</u>
number of shares  TICLE V I  Name and 1  Address	NITIAL OFFICERS AND/OR DIR  Nititle:  8930 West State Road 84  Suite 232  Davie, FL 33324  Tausif Kahn, Director	Name and Title Address:	8930 West State Road 84 Suite 232 Davie, FL 33324	<u>.</u>
Name and T	NITIAL OFFICERS AND/OR DIR  Fitle:  8930 West State Road 84  Suite 232  Davie, FL 33324  Itle: Tausif Kahn, Director	Name and Title Address:  Name and Title	8930 West State Road 84 Suite 232 Davie, FL 33324 Hussain Shaik, Director	<u>.</u>
Name and T	NITIAL OFFICERS AND/OR DIR  Title:  8930 West State Road 84  Suite 232  Davie, FL 33324  itle:  Tausif Kahn, Director  8930 West State Road 84	Name and Title Address:  Name and Title	8930 West State Road 84  Suite 232  Davie, FL 33324  Hussain Shaik, Director  8930 West State Road 84	<u>.</u>
Name and T Address	NITIAL OFFICERS AND/OR DIR  NITIAL OFFICERS AND/OR DIR  Nitle:  8930 West State Road 84  Suite 232  Davie, FL 33324  Tausif Kahn, Director  8930 West State Road 84  Suite 232	Name and Title Address:  Name and Title Address:  Address:	8930 West State Road 84  Suite 232  Davie, FL 33324  Hussain Shaik, Director  8930 West State Road 84  Suite 232  Davie, FL 33324	# E C C C C
Name and T Address	NITIAL OFFICERS AND/OR DIR  NITIAL OFFICERS AND/OR DIR  Nitle:  8930 West State Road 84  Suite 232  Davie, FL 33324  Itle:  8930 West State Road 84  Suite 232  Davie, FL 33324	Name and Title Address:  Name and Title Address:  Name and Title Address:	8930 West State Road 84  Suite 232  Davie, FL 33324  Hussain Shaik, Director  8930 West State Road 84  Suite 232  Davie, FL 33324	1 2 2

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9/8/2014 16:53:57 From: To: 8506176381

		(costs.)		
Name a	nd Title:	Name and Title:		
Addres	·	Address:		
newor n ===				
RTICLE VI	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptal	lat of the medicaned name in		
lame:	Ricky Lee	ec) of the registered allem is:		
ddress:	8930 West State Road 84. Suite 232		424	<u> </u>
	Davie, FL 33324		SEP	- 1 90
RTICLE VII	INCORPORATOR		-↓ AH	() () () ()
ie <u>name and a</u>	ddress of the Incorporator is:		<u> </u>	
Name:	Ricky Lee		10: 52	۸,
Address:	11202 Harbour Springs Circle		2	3
	Boca Raton, FL 33428			
aving been na is certificate, l	imed as registered agent to accept service of pr I am familiar with and accept the appointment	ocess for the above stated corporation at the place designated in is registered agent and agree to act in this capacity	,	
Ву:	Thetato	9-8-14 Date		
	Required Signature/Registered Agent	Date		
submit this do cument to the	cument and affirm that the factor stoped herein Department of State constitutes affired degree	are true. I am aware that the false information submitted in a felony as provided for in £817,155, F.S.	•	
	Miles	9-8-14		
	Required Sumanure/Incorporator	Date		

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Fax Server

September 5, 2014

FLORIDA DEPARTMENT OF STATE Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: NEXGEN MEDIA, INC.

REF: W14000054282

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

FAX Aud. #: H14000207521 Letter Number: 214A00019007

\*PE-SUBMIT\*

Please retain engined East date of submission 9/4