

P150000007103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200268700612

01/27/15--01033--009 **87.50

FILED
15 JAN 27 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: IGOTBIZ 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: Michael C. Backe
Name (Printed or typed)
1289 Williams Landing Road
Address
Tallahassee, FL 32310
City, State & Zip
850.509.9536
Daytime Telephone number
mike@igotbiz.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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: IGOTBIZ MEDIA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1289 Williams Landing Rd,
Tallahassee, FL 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael L Backe CEO Name and Title: _____

Address: 1289 Williams Landing Rd Address: _____

Tallahassee, FL 32310

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
15 JAN 27 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Michael L Backe
Address: 1289 Williams Landing Road
Tallahassee, FL 32310

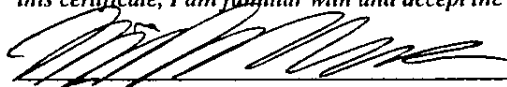
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael L. Backe
Address: 1289 Williams Landing Road
Tallahassee, FL 32310

FILED
15 JAN 27 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1/27/15
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

1/27/15
Date