

P15000047655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

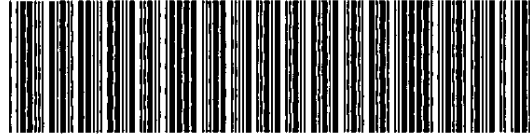
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/28/15--01008--005 **78.75

15 MAY 28 AM 10:15
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: BCP 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: Caitlin Pyle
Name (Printed or typed)

25 Palm Point Drive
Address

Inglis, FL 34449
City, State & Zip

415-799-9095
Daytime Telephone number

caitlin@proofreadanywhere.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: BCP Media, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

25 Palm Point Drive
Inglis, FL 34449

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide media consulting services
to internet-based businesses, educational products (digital),
and business coaching via the web.

ARTICLE IV SHARES

The number of shares of stock is: 100

STATE OF FLORIDA
SECRETARY OF STATE
15 MAY 28 AM 10:15
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Caitlin Pyle, President
Address: 25 Palm point Dr.
Inglis, FL
34449

Name and Title: Benjamin Pyle, CEO
Address: 25 Palm Point Dr.
Inglis, FL
34449

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Caitlin Pyle
Address: 25 Palm Point Dr.
Inglis, FL 34449

ARTICLE VII INCORPORATOR

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

Name: Caitlin Pyle
Address: 25 Palm Point Dr.
Inglis, FL 34449

15 MAY 28 AM 10:15
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

C Pyle

Required Signature/Registered Agent

5-23-15

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.

C Pyle

Required Signature/Incorporator

5-23-15

Date