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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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
07 MEDIA CORPORATION

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

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H15000139419

COVER LETTER

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

SUBJECT: 07 MEDIA CORPORATION
(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: ALBERT R COHEN CPA
Name (Printed or typed)

11420 N KENDALL DR SUITE 203
Address

MIAMI, FL 33176
City, State & Zip

3055-271-3666
Daytime Telephone number

golf4foodd@aol.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: 07 MEDIA CORPORATION

ARTICLE II PRINCIPAL OFFICE
Principal street address

11420 N KENDALL DR SUITE 203
MIAMI, FL 33176

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Media productions

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alexandra Neacato, President
Address: 11420 N Kendall Dr. Suite 203
Miami, Fl 33176

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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TALLAHASSEE, FLORIDA

(cont.)

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: Albert R Cohen CPA

Address: 11420 N Kendall Dr. Suite 203

Miami, FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alexandra Neacato

Address: 11420 N Kendall Dr Suite 203

Miami, Fl 33176

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

Albert R. Cohen, CPA
Required Signature/Registered Agent

6/9/15
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.

Alexandra Neacato
Required Signature/Incorporator

6/9/15
Date

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