

P15000075822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

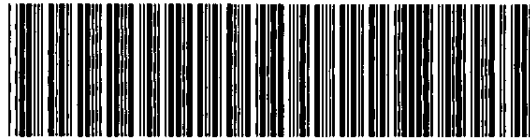
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400276593544

09/04/15--01016--028 **128.75

FILED
15 SEP -8 PM 8:53
RECEIVED
SEP 11 2015

SEP 17 2015

W PAINTER

COVER LETTER

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

SUBJECT: DOMESTICATION OF FAMILY MEDIA PARTNERS, INC.
AN S-CORPORATION

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

MICHAEL GOBER

Name (printed or typed)

5645 CORAL RIDGE DR., #293

Address

CORAL SPRINGS, FL 33076

City, State & Zip

888-626-1687

Daytime Telephone Number

MICHAEL@FAMILYMEDIAPARTNERS.COM

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, MICHAEL GOBER, PRESIDENT,
(Name) (Title)
of FAMILY MEDIA PARTNERS, INC. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was FEBRUARY 1, 2012.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was NASSAU COUNTY, New York STATE.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was FAMILY MEDIA PARTNERS, INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is FAMILY MEDIA PARTNERS, INC.
AN S-CORPORATION
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was
NASSAU COUNTY, New York (69 W. PENN ST. LONG BEACH, NY 11561)
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am MICHAEL GOBER
PRESIDENT, of FAMILY MEDIA PARTNERS, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 31 day of AUGUST, 2015.

Michael Gober

(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

FAMILY MEDIA PARTNERS, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

Mailing Address

5645 CORAL RIDGE DR, #293

5645 CORAL RIDGE DR, #293

CORAL SPRINGS, FL 33076

CORAL SPRINGS, FL 33076

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

MARKETING AND ADVERTISING SERVICES

FILED
15 SEP - 8 PM 09:52
SECRETARY OF STATE
4140A
TALLAHASSEE, FL 32399

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

3,000

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

PRESIDENT, MICHAEL GOBER

5645 CORAL RIDGE DR, #293

CORAL SPRINGS, FL 33076

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

15 SEP - 8 PM:55
CL
SECRETARY OF STATE
TALLAHASSEE, FL 32399

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

MICHAEL GOBER
5645 CORAL RIDGE DR, #293
CORAL SPRINGS, FL 33076

ARTICLE VII INCORPORATOR


THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

MICHAEL GOBER
5645 CORAL RIDGE DR, #293
CORAL SPRINGS, FL 33076

**HAVING BEEN NAMED AS REGISTERED AGENT AND 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.**


Signature/Registered Agent

8/31/15
Date


Signature/Incorporator

8/31/15
Date

15 SEP - 8 PM 08:53
FILED
CLERK OF CIRCUIT COURT
JANUARY 15, 2016
CLERK OF CIRCUIT COURT