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(Re	equestor's Name)	
· (Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	MAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	cument Number)	•
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

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

SUBJECT: Maile	Media Inc.		
Sebabe 1	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	— · · · · · · ·	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PPY REQUIRED
FROM: _	aul Goodman Nam	ne (Printed or typed)	
19	0116 Sunset Bay Drive		
		Address	
La	and O Lakes, FL 34638		
<del></del>	City	, State & Zip	
80	08-217-6714		
_	Daytime '	Telephone number	
рс	goodman@icloud.com		
_	E-mail address: (to be use	ed 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)

Principal street address   Mailing address, if difference   Principal street address   Principal stree				on shall be:	RTICLE I NAME ne name of the corporati
TICLE III PURPOSE Purpose for which the corporation is organized is:  For any and all lawful business.  For	nt is:	failing address, if different is:	M	Principal street address	TICLE II PRINCI
TICLE III PURPOSE purpose for which the corporation is organized is: purpose for which the corporation is organized is:  For any and all lawful business.				}	
TICLE IV SHARES Prumber of shares of stock is:  TICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title:  Address  Land O Lakes, FL 34638  Name and Title:  Name and Title:  Address  Name and Title:			nd all lawful business		THE PURPO
TICLE IV SHARES number of shares of stock is:  TICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Paul Goodman Name and Title: Address  Land O Lakes, FL 34638  Name and Title: Address  Name and Title: Address  Name and Title: Name and Title:  Name and Title:  Name and Title:  Name and Title:  Name and Title:  Name and Title:  Name and Title:	÷, ∪1	. Pir			
TICLE IV SHARES number of shares of stock is:  TICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Paul Goodman Name and Title: Address  Land O Lakes, FL 34638  Name and Title: Address  Name and Title: Address  Name and Title: Name and Title:  Name and Title:  Name and Title:  Name and Title:  Name and Title:  Name and Title:  Name and Title:	10V 30	AR STAN			
TICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title:  Paul Goodman  Name and Title:  Address  Name and O Lakes, FL 34638  Name and Title:		- 11 Ca			
TICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Paul Goodman Name and Title: Dedria Goodman  Address 19116 Sunset Bay Drive Address: 19116 Sunset Bay Drive  Land O Lakes, FL 34638 Land O Lakes, FL 34638  Name and Title: Name and Title: Address:	1 ng	STATE STATE			
Name and Title: Paul Goodman  Address  I9116 Sunset Bay Drive Land O Lakes, FL 34638  Name and Title: Land O Lakes, FL 34638  Name and Title: Name and Title: Address: Address: Land O Lakes, FL 34638  Name and Title: Name a		• .			
Address   19116 Sunset Bay Drive   Address:   19116 Sunset Bay Drive   Land O Lakes, FL 34638   Land O Lakes, FL 34638    Name and Title:   Name and Title:   Address:		Dedria Goodman	Name and Title:		
Name and Title:  Name and Title:  Address  Name and Title:  Name and Title:  Name and Title:  Name and Title:		19116 Sunset Bay Drive	1	19116 Sunset Bay Drive	
Name and Title:  Address  Address:  Name and Title:  Name and Title:  Name and Title:		Land O Lakes, FL 34638			
Address:  Name and Title:  Name and Title:			Name and Title:_		Name and Title:
					Address
			<del>-</del> -		
			Name and Title:_		Name and Title:
Address Address:	<del></del> -		Address: _		Address

Name a	nd Title:	Name and Title:		
Addres	s	Address:		
ARTICI F VI	REGISTERED AGENT			
	Torida street address (P.O. Box NOT acce	eptable) of the registered agent is:		
Name:	Paul Goodman			
Address:	19116 Sunset Bay Drive			
	Land O Lakes, FL 34638			
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>			
The name and a	ddress of the Incorporator is:			
Name:	Paul Goodman		00 V 3 V 3 V 3 V 3 V 3 V 3 V 3 V 3 V 3 V	
Address:	19116 Sunset Bay Drive		<u> </u>	
	Land O Lakes, FL 34638		FSI S C	
			33	
ARTICLE VIII	EFFECTIVE DATE:		>	
Effective date, if (If an effective days after the f	fother than the date of filing:	. (OPTIONAL) nd cannot be more than five business o	days prior or 90 business	
	e inserted in this block does not meet the apeffective date on the Department of State's		nis date will not be listed as	
	med as registered agent to accept-service of am familiar with and accept the appointm			
'\\\			11/25/2015	
	Required Signature/Registered A	gent	Date	
	cument and affirm that the facts stated ho Department of State constitutes a third det			
//			11/25/2015	
Requ	rired Signature/Incorporator	100000	Date	

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