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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

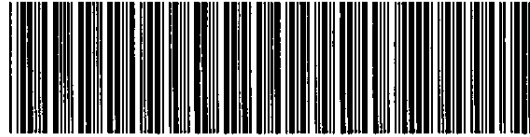
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Effective Date Dec, 30, 2015

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01-16-13

## COVER LETTER

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

**SUBJECT:** The Villages Conservative 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Aileen Milton  
\_\_\_\_\_  
Name (Printed or typed)  
  
537 Carrera Dr.  
\_\_\_\_\_  
Address  
  
The Villages, FL 32159  
\_\_\_\_\_  
City, State & Zip  
  
352-750-1539  
\_\_\_\_\_  
Daytime Telephone number  
  
tvconservativemedia@gmail.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 Villages Conservative Media Corporation  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

537 Carrera Dr.

The Villages, FL 32159

Effective Date \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

The Villages Conservative Media is about filming special events and conducting interviews with international, national and local individuals or groups on a variety of topics and issues facing this nation.

Posting the events and interviews and sharing online through our website.

**ARTICLE IV SHARES**

2

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Aileen Milton, President

Name and Title: John T. Milton, Vice President

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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CLERK 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: Aileen Milton

Address: 537 Carrera Dr.

The Villages, FL 32159

**ARTICLE VII INCORPORATOR**

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

Name: Aileen Milton

Address: 537 Carrera Dr.

The Villages, FL 32159

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TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:** 12/30/2015

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*

Aileen M. Milton AILEEN M. MILTON  
Required Signature/Registered Agent

12/30/2015  
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.*

Aileen M. Milton AILEEN M. MILTON  
Required Signature/Incorporator

12/30/15  
Date