

PI60000006762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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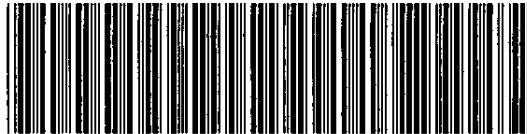
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MD 1/26

COVER LETTER

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

SUBJECT: Midfield Press, 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 ☐ \$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: Jason Bruzzichesi

Name (Printed or typed)

1860 Massachusetts Ave NE #221

Address

St. Petersburg, FL 33703

City, State & Zip

727-642-3948

Daytime Telephone number

jaykz@midfieldpress.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

Midfield Press, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1860 Massachusetts Ave NE #221

St. Petersburg, FL 33703

ARTICLE III PURPOSE

Media analysis, opinion and commentary coverage of professional

The purpose for which the corporation is organized is:

soccer in North America and abroad

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CLERK OF SUPERIOR COURT
ST. PETERSBURG, FL

ARTICLE IV SHARES

1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jason Bruzzichesi - President

Name and Title: Luis Hernandez - Secretary

Address 1860 Massachusetts Ave NE #221

Address: 60-21 56th Road Apt 3L

St. Petersburg, FL 33703

Maspeth, NY 11378

Name and Title: Stuart Mactaggart - Director

Name and Title:

Address 1419 B Raven Ave

Address:

Ottawa Ontario, Canada K1Z7Y5

Name and Title:

Name and Title:

Address

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: Jason Bruzzichesi _____

Address: 1860 Massachusetts Ave NE #221 _____

St. Petersburg, FL 33703 _____

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Jason Bruzzichesi _____

Address: 1860 Massachusetts Ave NE #221 _____

St. Petersburg, FL 33703 _____

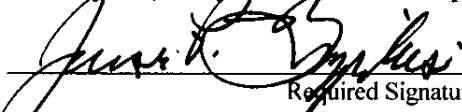
ARTICLE VIII EFFECTIVE DATE:

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

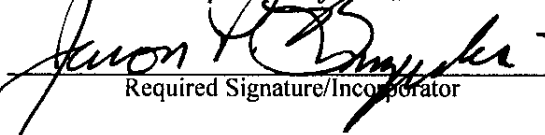


Required Signature/Registered Agent

1/8/16

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.



Required Signature/Incorporator

1/8/16

Date