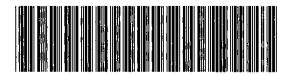
PIGUUDAYANI

(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	: #)		
PICK-UP	WAIT	MAIL MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: MIAM	II REVIEW NEWS MEDIA INC.		
5020201	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
	■ \$78.75 Filing Fce & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PPY REQUIRED
FROM:	LORIA ALFONSO Name D BOX 351562	e (Printed or typed)	
 -		Address	
Mi	AMI FL 33135		
	City,	State & Zip	
786	399-5072		
	Daytime T	clephone number	
crea	tive@miamireviewnews.com		
	E-mail address: (to be use	d 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)

The name of the corporat		MEDIA INC.	
ARTICLE II PRINC	CIPAL OFFICE Principal street address	Mailing address, if differ	rent is:
2364 SW 11 ST		P.O. BOX 351562	
MIAMI FL 33135		MIAMI FL 33135	
ARTICLE III PURPO The purpose for which t	DSE FOR PF he corporation is organized is:	OFIT	
			16 MAR I D AM II: 06
			AR ON G
<u> </u>			
			3 50 8A
ARTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS GLORIA ALFONSO-PRESIDENT	Name and Title:	
Address	P.O. BOX 351562	Address:	
	MIAMI FL 33135		~ ~ ~ · · · · · · · · · · · · · · · · ·
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:	
Addres	SS	Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	GLORIA ALFONSO	-	
Address:	2364 SW 11 ST	_	
	MIAMI FL 33135	_	
	<u>INCORPORATOR</u>		
The name and a	address of the Incorporator is: MIAMI REVIEW / GLORIA ALFONSO		
Name:		-	
Address:	P.O. BOX 351562	-	
	MIAMI FL 33135	-	
Effective date, i		(OPTIONAL) of the more than five business days prior or 90 business	
	te inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as	
	nmed as registered agent to accept service of process I am familiar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity	
		2/2/16	
	Required Signature/Registered Agent	Date	
I submit this do document to the	ocument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S.	
		2/2/16	
Requ	uired Signature/Incorporator	Date	

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COVER LETTER

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

SUBJECT:	II REVIEW NEWS MEDIA INC.		
	(PROPOSED CORPORA	TTE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee	*	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	LORIA ALFONSO Nam O BOX 351562	e (Printed or typed)	, ,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
		Address	
MI	AMI FL 33135		
	City	, State & Zip	
786	399-5072		
	Daytime 7	Telephone number	·
crea	ative@miamireviewnews.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)

ICLE II PRIN	CIPAL OFFICE Principal street address		Mailing addre	ess, if different is:	
SW 11 ST	F	 .	P.O. BOX 351562		
					·
MI FL 33135			MIAMI FL 33135		
ICLE III PURF ourpose for which	<u>POSE</u> the corporation is organized is:	FOR PROFIT	·		
					U V
				<u> </u>	<u> </u>
					2
				2	100
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ICLE IV SHALE OF SHARES OF		CTORS		96	
number of shares of	f stock is:	CCTORS	e and Title:		
number of shares of	AL OFFICERS AND/OR DIRE GLORIA ALFONSO-PRES P.O. BOX 351562	CCTORS			
number of shares of shares of shares of the share and Time and Time and Time and Time share and Time share and Time share and Time share share and Time share shar	AL OFFICERS AND/OR DIRE GLORIA ALFONSO-PRES P.O. BOX 351562	CCTORS MDENT Nam			
Name and Tit Address	f stock is: AL OFFICERS AND/OR DIRE GLORIA ALFONSO-PRES P.O. BOX 351562 MIAMI FL 33135	ECTORS SIDENT Nam Addi			
Name and Title Name and Title	f stock is: AL OFFICERS AND/OR DIRE GLORIA ALFONSO-PRES P.O. BOX 351562 MIAMI FL 33135 e:	ECTORS HIDENT Nam Addi	e and Title:		
Name and Tit Address	f stock is: AL OFFICERS AND/OR DIRE GLORIA ALFONSO-PRES P.O. BOX 351562 MIAMI FL 33135	ECTORS HIDENT Nam Addi	e and Title:		
Name and Title Name and Title	f stock is: AL OFFICERS AND/OR DIRE GLORIA ALFONSO-PRES P.O. BOX 351562 MIAMI FL 33135 e:	ECTORS HIDENT Nam Addi	e and Title:		
Name and Titl Address Address	f stock is: AL OFFICERS AND/OR DIRE GLORIA ALFONSO-PRES P.O. BOX 351562 MIAMI FL 33135 e:	CTORS SIDENT Nam Addi	e and Title:		

Name a	and Title:	Name and Title:
Addre	SS	Address:
RTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	of the maintained count in
ame:	GLORIA ALFONSO	in the registered agent is.
.ddress:	2364 SW 11 ST	_
	MIAMI FL 33135	
RTICLE VII	INCORPORATOR	
	address of the Incorporator is:	
Name:	MIAMI REVIEW / GLORIA ALFONSO	_
Address:	P.O. BOX 351562	
	MIAMI FL 33135	
	EFFECTIVE DATE: if other than the date of filing:	(OPTIONAL)
f an effective	date is listed, the date must be specific and cann	not be more than five business days prior or 90 business
ays after the	_	
	effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed a
	I am familiar with and accept the appointment as re	ss for the above stated corporation at the place designated egistered agent and agree to act in this capacity
		2/2/16
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein are e Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in ony as provided for in s.817.155, F.S.
		2/2/16

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