From:



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To:

Division of Corporations

Fax Number

: (850) 617-6381

From:

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC. Account Name

Account Number : 075350000353 Phone

: (800) 221-2972 Fax Number : (888) 692-9256

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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APR - 1

FLORIDA PROFIT/NON PROFIT CORPORATION EAST COAST DIGITAL, INC.

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Corporate Filing Menu

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRINCIPAL OFFICE Principal streat address		h 4-99b	10.1100	
100 CROSSWAYS PA	RK DR. WEST STE206	Mailing address, if different is: 100 CROSSWAYS PARK DR. WEST STE206		
WOODBURY NY 117	97	WOODBURY NY 1179		
ARTICLE III PURP! The purpose for which to which corporations may	he corporation is organized is:	in any lawful not or activity for		
			NE S	
			全有 易	
ARTICLE IV SHAR. The number of shares of	<u>ES</u> stock ls:		ASS 1	
			SE PA	
	L OFFICERS AND/OR DIRECTORS		1;	
Name and Title		Name and Title:	1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1	
Address	1488-354 DEER PARK AVE	Address:		
	NORTH BABYLON, NY 11703			
Name and Title		Name and Title:		
Address		Address:		
Name and Line		Name and Title:		
Address		Address;		
		<u> </u>		
		<u> </u>		

Name a	nd Title:	Name and Title:	
Addres		Address:	
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	BLUMBERGEXCELSIOR CORPO	· · · · · · · · · · · · · · · · · · ·	
Address:	155 OFFICE PLAZA DRIVE 1ST FL	16.1 SEC ALL	
	TALLAHASSEE, FL 32301	APR - CRETA	1)
ARTICLE VII	INCORPORATOR		
The name and	address of the incorporator is:	, , , , , , , , , , , , , , , , , , , 	I, montant
Name:	VERONICA GONZALEZ	ORIDA GRIDA	TE YOU
Address:	· 16 COURT ST 14TH FL	≫'	
	BROOKLYN NY 11241		
Effective date,		. (OPTIONAL) unnot be more than five business days prior or 90 business	
Note: If the da	<u> </u>	able statutory filing requirements, this date will not be listed as rds.	
Having been no this certificate,	amed as registered agent to accept service of pro I am familiar with and accept the appointment a	ocess for the above stated corporation at the place designated in segistered agent and agree to act in this capacity	7
	The Moji quired Signature/Registered Agent		
I submit this di document to th	octiment and affirm that the facts stated herein e Department of State constitutes a third degree j	are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.	2
- VO Req	uired Signature/Incorporator	3/29/16 Date	

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From: