

P16000090732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

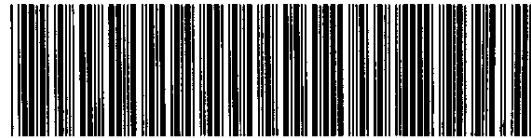
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800291824438

800291824438
11/02/16--01016--001 **\$7.50

16 NOV 16 PM 2:16
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: YourCouponTv.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: Keith Muchler

Name (Printed or typed)

2020 Oak St Ne

Address

St Petersburg Fl 33704

City, State & Zip

727-409-4698

Daytime Telephone number

Keith Muchler

Keith advertising @ yahoo. com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2016

KEITH MUCHLER
2020 OAK ST NE
ST PETERSBURG, FL 33704

SUBJECT: YOURCOUPONTV.INC
Ref. Number: W16000075428

We have received your document for YOURCOUPONTV.INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete ARTICLE VI.

The registered agent must sign accepting the designation.

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 216A00023895

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: YourCouponTv,inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2020 Oak St Ne

St Petersburg Fl 33704

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Selling Advertising on Tv

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Margaret Criswell

Name and Title: President

Address 2020 Oak St Ne

Address: _____

St Petersburg Fl

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

16 NOV 14 PM 2:13
CLERK OF DISTRICT COURT
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: Keith Muchler
Address: 2020 oak st Ne
St Petersburg FL 33704

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Keith Muchler
Address: 2020 oak st Ne
St Petersburg FL 33704

16 NOV 14 PM 2:16
STATE OF FLORIDA
TALLAHASSEE

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11-01-2016 (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

Keith Muchler
Required Signature/Registered Agent

11-01-2016

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.

Keith Muchler
Required Signature/Incorporator

11-1-2016

Date