## P18000003372

(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:				

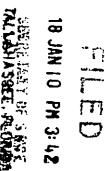
Office Use Only

N. SAMS JAN 1 1 2018



900307508809

01/10/18--01009--011 \*+67.50



## FLORIDA PROFIT BENEFIT CORPORATION COVER LETTER:

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

SUBJECT: B	IUC Earth Med (PROPOSED CORPORA)	ia Producti FE NAME - MUST INCL	ons, Inc.
Enclosed are an or	iginal and one (1) copy of the artic	cles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	☐ [\$87.50] Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM:	Winter City, 9 407-	SKOWILLA (  SKOWILLA (  SHOWILLA (  SHOWIL	3
	NOTE: Please provide the or	iginal and one copy of	f the articles.

## ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the benefit of	orporation shall be: $\overline{BWe\ arepsilon}$	arth Meda	Production	as Inc	<u> </u>
	IPAL OFFICE Principal <u>street</u> address		Mailing address, if d	Borent i	<u>}</u>
1425 75 Kan	VIIIa Rd #193		ļ	590	 D
Winter Sorin	- 0 0	· .		2 · · · ·	<u></u>
ARTICLE III BENEFIT The corporation elects to The purpose for which the	TSTATEMENT AND BUSINESS  be a benefit corporation in according to corporation is organized is to cropose for which	lance with s. 607,603, F.S eate a general public bene	efit and:	organi3	rol
•	te a general		nefit.		
				<del></del>	
					<u> </u>
The general and/or specifollows (optional):	fic public benefit(s) to be created l	by the corporation (in add	lition to its general pr	urpose) is/are as	
Thecon	nany Will crea	te a specifi	c public 1	senefit !	<u>py</u>
offering to	its Stakeholder	5 media pr	<u>rductions</u>	services	
<b>\</b>	s that enrich th	,	3 '	,	,
	ment. The comp				
Senicos air p in other hui articleiv shari	niducts to disadic maniferran endean	antaged indu jors as the b	hara or an	1 It Will a	20thcipale Tecides.
The number of shares of		<u>ک</u>			
ARTICLE V INITLA	L OFFICERS, DIRECTORS, BEL	NEFIT DIRECTOR AND	O BENEFIT OFFICE	ER (if Applicable)	
Name and Title	:Shela Hoehn P	Rame and Tit	1e: Richard	1 Hoehn V	1100 Preside
Address	1425 TUSKOWILLA R	d H1BAddress:	1425 TUS	Kawilki R	<u>N</u> #193
	Winter Springs, FI	<u>L 32</u> 708	Winter S	rings, FL	_32748
			1/4.	> If her	<del></del>
Name and Title:	Richard Hoelin,	Secretary Name and Tit	10: Shela H	ochn Tree	asurer
Address	1425 TUSKOWITKÍ	Pd Address:	1425 TU	Skawilk	i Rd
	H K13		winki s	princis, E	<u>L</u>
	Winter Springs,	FL 3,2708		3270	<u>}</u>
	1 / ~ 1/1°	4.5	l		

Name and Title:	Name and Title:	
Address	Address:	
If applicable, BENEFIT DIRECTOR:	If applicable, BENEFIT O	FFICER:
Name:	Name:	
Address	Address:	1
		1
		<u> </u>
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT ac	populable) of the projetered count is:	
Name: Shella Hocho	cceptable) of the registered agent is.	
	1Rd # 193	
Winter Springs	F1 32708	SS TO
ARTICLE VII INCORPORATOR	<del>1, 1. C</del>	¥ 2
The name and address of the Incorporator is:		SK O
Name: Sheila Hoeh		
Address: 1425 TUSKaw	oilla Rd # 193	65 € € €
Winter Spring	S, FL 32708	
ARTICLE VIII ADDITIONAL QUALIFICATIONS C	, ,	
		1
Having been named as registered agent to accept service	e of process for the above stated corpo	ration at the place designated in
this certificate, I am familiar with and accept the appoint	tment as registerea agent ana agree to c	ict in this capacity
	I Agent Shella Huehn	1/6/18 Date
I submit this document and affirm that the facts stated document to the Department of State constitutes a third of		
	•	1/6/18
Required Signature/Incorpo	orator Sheila Huchr	Date