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(Requestor's Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 MAR -6 AM 9:09

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SCHROEDER

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 3/6/2009

**\*\*WALK IN\*\***

ENTITY NAME MEDIA ONE SOLUTIONS INC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED 70.00

CHECK # 5853

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

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

ARTICLE I NAME Media One Solutions Inc.  
The name of the corporation shall be: \_\_\_\_\_

ARTICLE II PRINCIPAL OFFICE  
Principal street address \_\_\_\_\_ Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
4292 2nd Ave. Apt. B \_\_\_\_\_  
\_\_\_\_\_  
Marianna, Fl. 32446 \_\_\_\_\_  
\_\_\_\_\_

ARTICLE III PURPOSE  
The purpose for which the corporation is organized is: \_\_\_\_\_  
Any and all lawful business \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE IV SHARES 1,000  
The number of shares of stock is, \_\_\_\_\_

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**TALLAHASSEE, FLORIDA**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Shannon Woods Jr. - Director	Name and Title:	Shannon Woods Jr. - Secretary
Address	4292 2nd Ave., Apt. B	Address:	4292 2nd Ave., Apt. B
	Marianna, Fl. 32446		Marianna, Fl. 32446
	_____		_____

Name and Title:	Shannon Woods Jr. - President	Name and Title:	Shannon Woods Jr. - Treasurer
Address	4292 2nd Ave., Apt. B	Address:	4292 2nd Ave., Apt. B
	Marianna, Fl. 32446		Marianna, Fl. 32446
	_____		_____

Name and Title:	Shannon Woods Jr. - Vice President	Name and Title:	_____
Address	4292 2nd Ave., Apt. B	Address:	_____
	Marianna, Fl. 32446		_____
	_____		_____

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: InCorp Services, Inc.  
 Address: 17888 67th Court North  
Loxahatchee, FL 33470

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Shannon Woods Jr.  
 Address: 4292 2nd Ave., Apt. B  
Marianna, FL 32446

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**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 days prior or 90 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*

Sarah Balen Sarah Balen, Assistant Secretary 3/6/2019  
 Required Signature Registered Agent 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.*

Shannon Woods 03-5-19  
 Required Signature/Incorporator Date