

P19000053919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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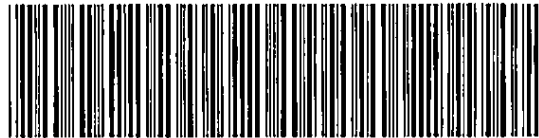
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 11 2019

K Brumbley

**SUNSHINE CORPORATE FILING OF FLORIDA INC.**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 7/10/2019

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

ENTITY NAME VIRTUAL REALITY MEDIA, INC.

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

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

XXXX

*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 # 6342

*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**

The name of the corporation shall be: Virtual Reality Media, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3505 Lake Lynda Drive, Bldg. 300 Suite 200

Orlando, FL 32817

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Thomas Kosik, Director

Name and Title: Jozef Benacka, Secretary

Address: 416 North Lincoln Street  
Arlington, VA 22201

Address: 3505 Lake Lynda Drive  
Bldg. 300 Suite 200  
Orlando, FL 32817

Name and Title: Julius Berith, President

Name and Title: Julius Berith, Treasurer

Address: 3505 Lake Lynda Drive  
Bldg. 300 Suite 200  
Orlando, FL 32817

Address: 3505 Lake Lynda Drive  
Bldg. 300 Suite 200  
Orlando, FL 32817

Name and Title: Pavol Grman, Vice President

Name and Title:

Address: 3505 Lake Lynda Drive  
Bldg. 300 Suite 200  
Orlando, FL 32817

Address:

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, Florida 33470

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Ed Tsuji  
Address: 187 E. Warm Springs Rd., Ste. B  
Las Vegas, NV 89119

**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 Bal 7/10/19  
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.*

[Signature] 7/10/19  
Required Signature/Incorporator Date