

P19000083481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

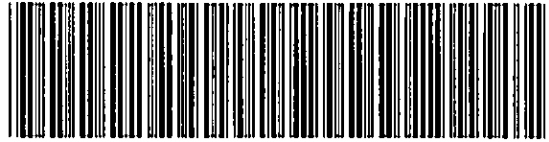
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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NOV - 8 2019

**COVER LETTER**

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

SUBJECT: CETE ALPHA MEDIA GROUP & CONSULTING, 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 Filing Fee
- \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: FRANK FANELLI  
Name (Printed or typed)

1131 MAHOGANY WAY APT. B  
Address

DELRAY BEACH, FL. 33445-6412  
City, State & Zip

(561) 267-1499  
Daytime Telephone number

X FRANKV FANELLI@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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

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: CETI ALPHA MEDIA GROUP & CONSULTING, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1131 MAHOGENY WAY # B
DELRAY BEACH, FL 33445-4412

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

VIDEO PRODUCTIONS & CONSULTING

ARTICLE IV SHARES

The number of shares of stock is:

100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRANK FANELLI #8 Name and Title:

Address: 1131 MAHOGENY WAY DELRAY BEACH, FL 33445-4412 Address:

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: 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: FRANK FANELLI  
 Address: 1131 MAHOGANY WAY # B  
DELRAY BEACH, FL 33445-6412

**ARTICLE VII INCORPORATOR**

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

Name: FRANK FANELLI  
 Address: 1131 MAHOGANY WAY # B  
DELRAY BEACH, FL 33445-6412

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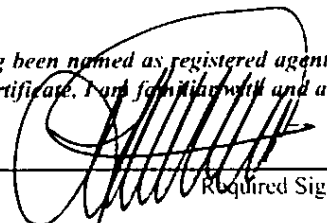
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

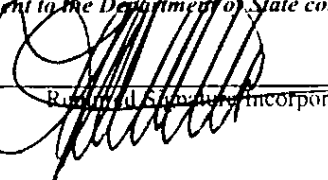
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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 forthwith and accept the appointment as registered agent and agree to act in this capacity*

X  Required Signature/Registered Agent X 10/18/19 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.*

X  Required Signature of Incorporator X 10/18/19 Date