

PI9000083481

(Requestor's Name)

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(City/State/Zip/Phone #)

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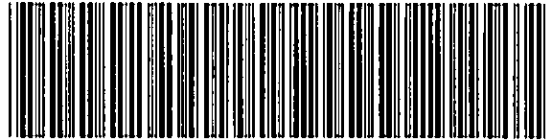
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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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 ☐ \$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: FRANK FANELLI
Name (Printed or typed)

1131 MAHOGANY WAY APT. B
Address

DELRAY BEACH, FL. 33443-6412
City, State & Zip

(561) 267-1499
Daytime Telephone number

X FRANK V FANELLI 8650 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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRANK FANELLI

#8

Name and Title:

Address

1131 MAHOGENY WAY

Address:

DELRAY BEACH, FL 33445-4412

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FL

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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 familiar with and accept the appointment as registered agent and agree to act in this capacity

X [Signature] 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 [Signature] Required Signature Incorporator X 10/18/19 Date