

P200000178184
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : IMPROVED REVENUE SERVICE INC
Account Number : I20190000119
Phone : (786)552-2905
Fax Number : (786)733-1744

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MEDIAPLUS.EXPERIENCE INC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: MEDIAPLUS.EXPERIENCE 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: DIELIS TOLEDO
Name (Printed or typed)

9381 SW 16TH ST
Address

MIAMI, FL 33165
City, State & Zip

786-368-1112
Daytime Telephone number

IMPROVEDRESE@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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

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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: MEDIAPLUS.EXPERIENCE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
9381 SW 16TH ST
MIAMI, FL 33165

Mailing address, if different is:

SAME AS PRINCIPAL ADDRESS.

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: 100 AT \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DIELIS TOLEDO / P

Name and Title: JOSE JASSAN / VP

Address: 9381 SW 16TH ST
MIAMI, FL 33165

Address: 9381 SW 16TH ST
MIAMI, FL 33165

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: DIELIS TOLEDO
 Address: 9381 SW 16TH ST
MIAMI, FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DIELIS TOLEDO
 Address: 9381 SW 16TH ST
MIAMI, FL 33165

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

 Required Signature/Registered Agent

 Date 06/11/2020

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.

 Required Signature/Incorporator

 Date 06/11/2020

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