

1/29/2021

P21000006426

Division of Corporations  
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 : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

**\*\*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**  
**WFOL TV 4 CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	03
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1/29

Electronic Filing Menu

Corporate Filing Menu

Help

**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: WFOL TV 4 CORP.

2021 JAN 29 PM 1:33

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: STATE

23589 EAST COLONIAL DRIVE, BOX 266

P.O. BOX 266

CHRISTMAS, FL 32709 US

CHRISTMAS, FL 32709 US

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: VIDEO PRODUCTION

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: TERRI KERRI - PTD

Name and Title: ASHLEY GORDON - SD

Address: 7901 4th St N STE 300

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702 US

St. Petersburg, FL 33702 US

Name and Title: CAROL VANVYNCKT - Officer

Name and Title: \_\_\_\_\_

Address: 7901 4th St N STE 300

Address: \_\_\_\_\_

St. Petersburg, FL 33702 US

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: Registered Agents Inc

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702 US

**ARTICLE VII INCORPORATOR**

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

Name: Riley Park

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702 US

**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*

Bill Hume

Required Signature/Registered Agent

01/29/2021

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.*

Riley Park

Required Signature/Incorporator

01/29/2021

Date

FILED  
JAN 29 PM 1:53  
CLERK OF COURT  
HILLSBORO COUNTY, FL