

P21 0000 71138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

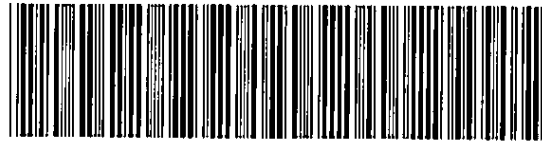
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2021 AUG -6 AM 10:22

TALLAHASSEE, FLORIDA

RECEIVED

2021 AUG -6 PM 3:32

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 08/06/2021

****WALK IN****

ENTITY NAME TPR Media Group, Inc.

DOCUMENT NUMBER _____

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

Plain Copy

Certified Copy

Certificate of Status

XXXXXX

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TALLAHASSEE, FLORIDA

****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 \$78.75

ACCOUNT #: I20160000072

E R H

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

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2021 AUG -6 AM 10:22
TALLAHASSEE, FLORIDA

SUBJECT: TPR Media Group, 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

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Philip Ryan Turner
Name (Printed or typed)

242 South Washington Blvd. #103
Address

Sarasota, FL 34236
City, State & Zip

208-651-3906
Daytime Telephone number

philipturner@vlupmentoring.com
E-mail address: (to be used for future annual report notification)

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: TPR Media Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

242 South Washington Blvd. #103

Sarasota, FL 34236

Mailing address, if different is:

242 South Washington Blvd. #103

Sarasota, FL 34236

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Online Retail

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Philip Ryan Turner

Name and Title: _____

Address 242 South Washington Blvd. #103

Address: _____

Sarasota, FL 34236

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF CIRCUIT COURT
SARASOTA COUNTY, FLORIDA

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: URS AGENTS, LLC

Address: 3458 Lakeshore Drive

Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

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

Name: Philip Ryan Turner

Address: 242 South Washington Blvd. #103

Sarasota, FL 34236

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DEPARTMENT OF STATE

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

Kathy Clark Kathy Clark, Asst. Secretary
() Required Signature/Registered Agent

8/6/2021

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 § 817.155, F.S.

DocuSigned by:
Philip Ryan Turner
Required Signature/Incorporator

Date _____