

P22000001803

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

From: Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
Account Number : I20070000019
Phone : (518)689-1212
Fax Number : (518)432-0742

22 JAN 10 PM 12:43

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
CAPITAL MEDIA ENTERPRISES INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
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T. SCOTT
JAN 1 / 2022

01/10/2022 10:57 FAX · 5184320742
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1 Incorporate

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Fax Server

0002/0004



January 10, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALEXANDER ALMONTE

SUBJECT: CAPITAL MEDIA ENTERPRISES INC.
REF: W22000002766

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

If you have any further questions concerning your document, please call (850) 245-6052.

Carlos E Rico
Regulatory Specialist III
New Filing Section

FAX Aud. #: H22000009697
Letter Number: 822A00000631

1/10/2022

Information has been corrected.

Thank you.

P.O BOX 6327 - Tallahassee, Florida 32314

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: CAPITAL MEDIA ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3270 NW 36TH ST, MIAMI, FL 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DANIEL VOSKRESENSKIY Name and Title:

Address: PRESIDENT Address:
3270 NW 36TH ST,
MIAMI, FL 33142

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

22 JAN 10 PM 12:43

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: DANIEL VOSKRESENSKIY
 Address: 3270 NW 36TH ST
MIAMI, FL 33142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DANIEL VOSKRESENSKIY
 Address: 3270 NW 36TH ST
MIAMI, FL 33142

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

s/ DANIEL VOSKRESENSKIY 01/10/2022
 Required Signature/Registered Agent 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.

s/ DANIEL VOSKRESENSKIY 01/10/2022
 Required Signature/Incorporator Date