

P22000037304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

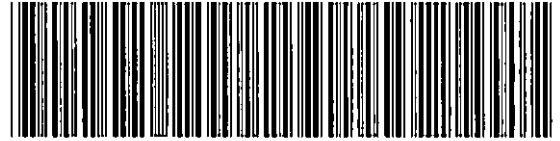
(Business Entity Name)

(Document Number)

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 5/17 DANNY

XX CERTIFIED COPY \_\_\_\_\_

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INC \_\_\_\_\_

1. **KOSTER COMMUNICATIONS INC.**  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: Koster Communications Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
1317 Edgewater Dr., #6020  
Orlando, FL 32804

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

- Online Marketing Concept and Strategy Development
- Social Media Concept and Strategy Development
- Creation and execution of Social Media content and campaigns (organic & Ad campaigns)
- Corporate Identity and Design Development  
(Logo Design, Website, Print, Online, Styleguide)

ARTICLE IV SHARES

The number of shares of stock is: 2,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eva Koester, DPS

Address: 1317 Edgewater Dr.  
#6020  
Orlando, FL 32804

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

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

Name and Title: Joerg Ploetzner, DVT

Address: 1317 Edgewater Dr.  
#6020  
Orlando, FL 32804

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

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

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

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

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

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: Registered Agents Inc.  
 Address: 7901 4th St. N Ste. 300  
St. Petersburg, FL 33702

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Amanda J. Beren  
 Address: 31416 Agoura Rd. Ste. 118  
Westlake Village, CA 91361

**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 Hama*

5/16/2022

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.*

*AJB*

5/16/2022

Required Signature/Incorporator

Date