

P22000038740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

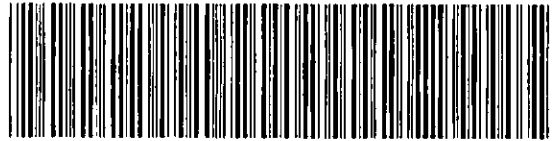
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAY 19 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

MAY 19 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 674756 8432A

AUTHORIZATION :

COST LIMIT : \$70.00

ORDER DATE : May 13, 2022

ORDER TIME : 8:39 AM

ORDER NO. : 674756-005

CUSTOMER NO: 8432A

DOMESTIC FILING

NAME: MASARE MEDIA INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** MASARE MEDIA 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:** Robert Hold

Name (Printed or typed)

301 S New York Ave., Suite 200

Address

Winter Park, Florida 32789

City, State & Zip

407-691-0505

Daytime Telephone number

bhold@holdthyssen.com

E-mail address: (to be used for future annual report notification)

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

FILED

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2077 MAY 19 PM 4:37

ARTICLE I NAME  
The name of the corporation shall be: MASARE MEDIA INC.

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE  
Principal street address  
301 South New York Avenue  
Suite 200  
Winter Park, FL 32789

Mailing address, if different is:

ARTICLE III PURPOSE  
The purpose for which the corporation is organized is: Any and all lawful purposes.

ARTICLE IV SHARES  
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Hold, President

Name and Title: Brian Elias, Secretary & Treasurer

Address: 301 South New York Avenue  
Suite 200  
Winter Park, FL 32789

Address: 301 South New York Avenue  
Suite 200  
Winter Park, FL 32789

Name and Title:

Name and Title:

Address:

Address:

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: Robert Hold

Address: 301 South New York Avenue, Suite 200

Winter Park, Florida 32789

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert Hold

Address: 301 South New York Avenue, Suite 200

Winter Park, Florida 32789

**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.

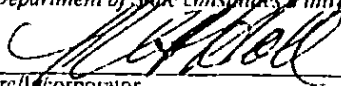
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

5-17-2022  
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.*



Required Signature/Incorporator

5-17-2022  
Date

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7077 MAY 19 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FL