

P22000069003

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

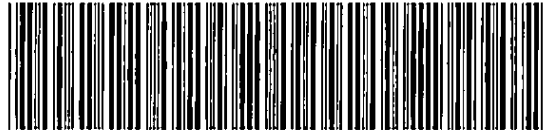
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
SEP - 8 2022

WILLIAMS E. LORICH

2022 AUG 24 PM 1:51

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DIVISION OF CORPORATIONS
22 AUG 24 PM 3:07

COVER LETTER

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

Kapri Media Florida Inc.

SUBJECT: _____
(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: _____

NATALIE CRAFT

Name (Printed or typed)

350 S. MIAMI AVE # 3309

Address

MIAMI, FLORIDA 33130

City, State & Zip

323-203-9087

Daytime Telephone number

NATMCRAFT@GMAIL.COM

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

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

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 08/24/22

NAME: KAPRI MEDIA INC.

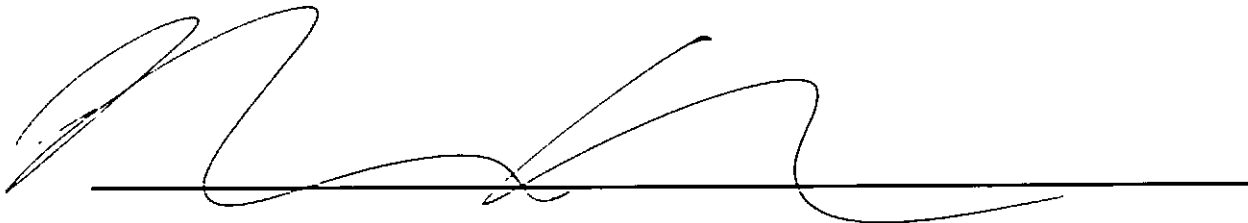
TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE





2022 SEP -7 PM 1:53

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2022

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: KAPRI MEDIA INC
Ref. Number: W22000109474

We have received your document for and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21000488098.

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

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 522A00018930

Please Keep Original File date
Thank you!

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:

Kapri Media Florida Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

350 S. MIAMI AVE #3309
MIAMI, FLORIDA 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT ANY AND
ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

25,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NATALIE CRAFT

Name and Title: _____

Address

PRESIDENT, TREASURER, SECRETARY

Address: _____

350 S. MIAMI AVE # 3309
MIAMI, FLORIDA
33130

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 AUG 21, PM 3:07

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: PARA CORP INCORPORATED
Address: 155 OFFICE PLAZA DRIVE, 1ST FLOOR
TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Frances Severe
Address: 2804 Gateway Oaks Dr. #100
Sacramento, CA 95833-4346

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22 AUG 21 PM 3:18

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

Please see attached.

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.

Required Signature/Incorporator

Date 09/06/2022

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

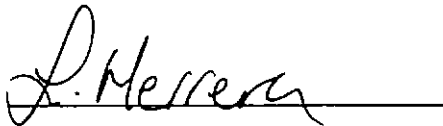
DATE: 09/07/2022

ENTITY NAME: Kapri Media Florida Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

A handwritten signature in black ink, appearing to read "L. Herrera", is written over a horizontal line.

Leticia Herrera, Assistant Secretary
Paracorp Incorporated

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