

# P23000065498

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H230003151063ABCV

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LAMADORI FINANCIAL SERVICES CORP  
Account Number : 120200000059  
Phone : (954)727-9771  
Fax Number : (954)727-9773

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

Email Address: diana@lamadorifinancial.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
JUNEBUG MEDIA CORP

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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2003 SEP -8 AM 11:25  
CORPORATIONS  
DIVISION

Electronic Filing Menu

Corporate Filing Menu

Help

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JUNEBUG MEDIA CORP

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COVER LETTER

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

SUBJECT: JUNEBUG MEDIA CORP

(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: ANGELICA CHIRINO

Name (Printed or typed)

10312 NW 70 CT

Address

TAMARAC, FL 33321

City, State & Zip

9546657098

Daytime Telephone number

acchirino@gmail.com

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

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

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ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 09-08-2023 BY 60322

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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: JUNEBUG MEDIA CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

10312 NW 70 CT

TAMARAC, FL 33321

Mailing address, if different is:

10312 NW 70 CT

TAMARAC, FL 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANGELICA CHIRINO

Name and Title: PRESIDENT

Address 10312 NW 70 CT

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

TAMARAC, FL 33321

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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CALL TO FAX  
10:10

<H 23000315106 3>

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: LAMADRID FINANCIAL SERVICES CORP

Address: 1265 S PINE ISLAND RD

PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANGELICA CHIRINO

Address: 10312 NW 70 CT

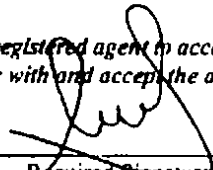
TAMARAC, FL 33321

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/07/2023 (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

09/07/2023  
\_\_\_\_\_  
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.

ANGELICA CHIRINO  
\_\_\_\_\_  
Required Signature/Incorporator

09/07/2023  
\_\_\_\_\_  
Date

<H 23000315106 3>

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 09-07-2023 BY 60322 UCBAW