

P23000076547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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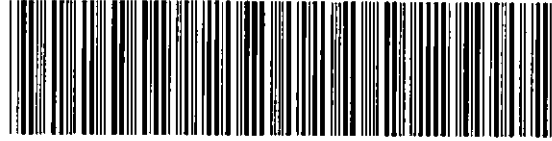
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Million 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: Victoria Barfield
Name (Printed or typed)
1575 Paul Russell Rd. Apt 2503
Address
Tallahassee, FL, 32301
City, State & Zip
334-372-6990
Daytime Telephone number
xshao04@gmail.com
E-mail address: (to be used for future annual report notification)

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

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: Million Media Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1575 Paul Russell Rd. Apt. 2503

Mailing address, if different is:

Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Produce and distribute media content,
Promote brands, and facilitate Product endorsements across various platforms
for the purpose of audience engagement and commercial growth

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Victoria Barfield, P

Name and Title: _____

Address 1575 Paul Russell Rd. Apt 2503

Address: _____

Tallahassee, FL, 32301

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2023 OCT 31 PM 4:42

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: Victoria Barfield
Address: 1575 Paul Russell Rd. APT 2503
Tallahassee, FL, 32301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Victoria Barfield
Address: 1575 Paul Russell Rd. APT 2503
Tallahassee, FL, 32301

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

Victoria Barfield 10/31/2023
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.

Victoria Barfield 10/31/2023
Required Signature/Incorporator Date

2023 OCT 31 PM 4:48