

P240000 30/00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

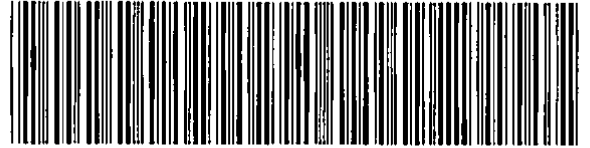
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

La Tia Podcast Media Corp

Please Debit FCA000000003 For: 78.75

Thank you Seth Neeley



- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

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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: LA TIA PODCAST MEDIA CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
200 CRANDON BLVD., STE. 332
KEY BISCAYNE, FL 33149

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

PRODUCTION, DESIGN, PROMOTION, PUBLICITY, CREATIVITY, DIFFUSION, CONTENT MARKETING, VOICE CONTENT

MARKETING, CARTOON, SOCIAL MEDIA, DIGITAL, ANALOGUE MEDIA KNOWN OR TO BE KNOWN, MARKETING AND

EVENTS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria Trinidad Aguirre - PSD Name and Title: _____

Address 200 CRANDON BLVD., STE. 332 Address: _____
KEY BISCAYNE, FL 33149

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FL

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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: MARIA TRINIDAD AGUIRRE
Address: 200 CRANDON BLVD., STE. 332
KEY BISCAIYNE, FL 33149

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANTONIO GARCIA
Address: 2121 PONCE DE LEON BLVD., STE. 1050
CORAL GABLES, FL 33134

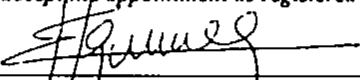
ARTICLE VIII EFFECTIVE DATE:

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.)

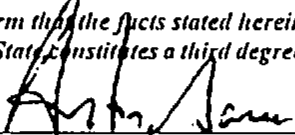
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

04-30-2024

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

04-30-2024

2024
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11:47
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