## PH88881110048598

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

[00002517161---1 -05/08/98--01073--005 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

SUBJECT:		ations Incorporate name - must include		<del></del>
Enclosed is an original a	and one(1) copy of the article	es of incorporation and a	a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	Ē
FROM: _	Deborah G Name (Pr	reenspan	· · · · · · · · · · · · · · · · · · ·	SECRE VISION
2800 Riverside Drive # 103B				
_	Coral Spri	ngs, FL 3 State & Zip	3.065	STATE DRATIONS 9: 38
_	(954) 34 Daytime Te	/-5636		

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

5125

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida
Business Corporation Act, hereby adopts the following Articles of Incorporation.
ARTICLE I NAME The name of the corporation shall be:  Media Creations Inc.
THEATH CONTONIA
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  2800 Riverside Dr. # 1038
Coral Springs, FL 33065
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
200
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address of the initial registered agent are:  2800 Riverside Dr. #/03  Coral Springs, FL 33065
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:  Deborah Greenspan 2800 Riverside Dr. #103B Coral Springs, FL 33065
Deboutherp 5/6/98
Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent/

Date