

TRANSMITTAL LETTER

P98000075709

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

SUBJECT: Avid Media, Inc.
(Proposed corporate name - must include suffix)

300002626573--3
-08/27/98--01044--009
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and 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 COPY REQUIRED

FROM: Shawn Vink

Name (Printed or typed)

3900 Calibre Bend Lane #710
Address

Winter Park, FL 32792
City, State & Zip

407-701-8820
Daytime Telephone number

FILED
98 AUG 27 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dmc
8/31/98

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

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: Avid Media, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
Avid Media, Inc.
3900 Calibre Bend Lane #710
Winter Park, FL 32792

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000,000 shares of common stock having a par value of \$0.00 per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:
S. Vink
3900 Calibre Bend Lane #710
Winter Park, FL 32792

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:
Shawn Vink
3900 Calibre Bend Lane #710
Winter Park, FL 32792



Signature/Incorporator

8-25-98

Date

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

8-25-98

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA