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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

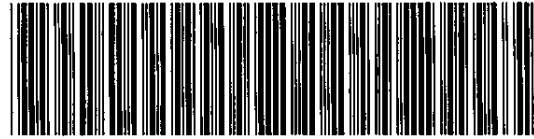
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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17 APR 24 PM 1:26
SEC. OF STATE
FILE

M. MOON
APR 24 2017

COVER LETTER

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

SUBJECT: All In One Auds Incorporated
(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: Daniel George
Name (Printed or typed)
5555 Kerwood Oaks Dr
Address
Miami, FL 33156
City, State & Zip
(305) 467-6717
Daytime Telephone number
dannygeorge3@gmail.com
E-mail address: (to be used for future annual report notification)

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STATE

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: ALL In One Auds Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7900 SW 57th Ave Suite 13
Miami, FL 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To help actors, musicians, and others in the
performing arts by providing training, workshops,
classes, and auditions for potentially hiring
theatres and the like.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel George-Founder Name and Title: _____

Address 5555 Kerwood Oaks Dr. Address: _____
Miami, FL 33156

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

17 APR 22 11:11:26

STATE OF FLORIDA
SECRETARY OF STATE

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: Registered Agents Inc.
3030 N. Rocky Point Dr. STE 150A
Tampa FL 33607

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ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Daniel George
 Address: 5555 Kerwood Oaks Dr.
Miami, FL 33156

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

Bill Havre - Assistant Secret: _____
 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.

Paul [Signature] _____
 Required Signature/Incorporator Date 4/17/17