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P.001/004

### Florida Department of State

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#### FOREIGN PROFIT/NONPROFIT CORPORATION DreamBoard Music Inc.

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Electronic Filing Menu

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Help

P.002/004

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DREAMBOARD MUSIC INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JUNE, A.D.
2015.

AND I DO BEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

15 JUN -8 AM II: 28

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AUTHENTY CATION: 2435751

DATE: 06-04-15

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# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	DreamBoard Mo	usic Inc.		
		orporation: must include "INCORPORATED orp," "Inc." "Co." or "Corp.")	" "COMPANY." "CORPORATION,"	
	(If name mayails	ble in Florida, enter alternate corporate name	e adopted for the purpose of transacting busines	s in Florida)
2.	Delaware	3	47-3967487	
	(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
4.	5/8/2015	5	Perpetual	
7,	(Date	of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual")
6.	Upon Qualificat	tion		
٠.			in Florida. if prior to registration)	
	7300 W Camino	(SEE SECTIONS 607.1501 & 607. Real Suite 201, Boca Raton, Florida 33433	1502, F.S., to determine penalty liability)	
7.	7500 44 Cattinio		1	
	7300 W Camino	(Principal office ad Real Suite 201, Boca Raton, Florida 33433	(tress)	
		(Current mailing ad	drassi	<del></del>
		(Clatent maning and	(MC73)	
8.	All lawful busine	ess	_	
Ψ,	(Purpose(s	) of corporation authorized in home state or c	country to be carried out in state of Florida)	क्र ज
9.	Name and stree	<u>r address</u> of Florida registered agent: (P	O. Box NOT acceptable)	
	Name:	Business Filings Incorporated		CO
Oi	ffice Address:	515 E. Park Avenue	**************************************	
		Tallahassee	Florida 32301	2
		(City)	(Zip code)	
Hi de fu	aving been nam signated in this 11her agree to co	application, I hereby accept the appoin	vice of process for the above stated corpor tment as registered agent and agree to ac relative to the proper and complete perfo of my position as registered agent.	t in this capacity. 1
		Mark Williams, AVP,	Business Filings Incorporated	
		(Registered agent's	signature)	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

608 827 5501

14. Nai	mes and ousmess addresses of officers and/or directors:			
A. DIR	RECTORS			
Chairma	n:	<u> </u>		-
Address:		-		-
			<del></del>	-
Vice Cha	śratu:			-
Address:				_
			<del></del>	-
	Aron Schoenfeld	<del></del> -		_
Address:	315 Grant Ave, Woodmere, New York 11598			-
Director:		<del></del>	<del>_</del>	-
Address:				-
		76.00		_
B. OFFI		17 17	<del>ح</del>	وهاية.
	Aron Schoenfeld	3.57.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	7	
Address: _	315 Grant Ave, Woodmere, New York 11598	AUP	_&_	-
_		1976	3	أأ استو -
Vice Presid	Aron Schoenfeld	, é	****	``. -
Address: _	315 Grant Ave, Woodmere, New York 11598		28	
_				
Secretary: (	Aron Schoenfeld			
Address: _	315 Grant Ave, Woodmere, New York 11598			
freasurer: (	Aron Schoenfeld			
Address: _3	15 Grant Ave, Woodmere, New York 11598			
OTE: If	necessary, you fury affach an addendum to the application listing additional officers and/or dir	ectors		
3	ally			
he officer	Signature of Director or Officer or director signing this document (and who is listed in mumber 12 above) affirms that the facts		<del></del>	
re inte and	I that he or she is aware that false information submitted in a document to the Department of Si	stated her inte consti	rein Rutes	
Ama S	ree felony as provided for in \$.817.155, F.S.			
4.	(Typed or printed name and capacity of person signing application)	<del></del>		