

170000 72196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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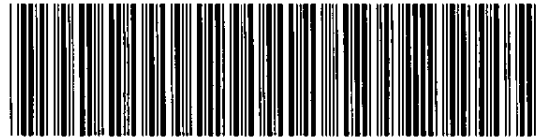
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Too Much Entertainment Music Group INC
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: DeAndre Mitchell
Name (Printed or typed)
1420 Alabama St
Address
Tallahassee, FL 32304
City, State & Zip
352 - 440 - 3791
Daytime Telephone number
Toomuch-ent@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Too much Entertainment Music Group INC

ARTICLE II PRINCIPAL OFFICE

Principal ^{street} address
1420 Alabama Street
Tallahassee FL 32304

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Music Entertainment Group
any and all lawfull Business

ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DiAndre Mitchell Name and Title: Co -

Address: 1420 Alabama St Address: _____
Tallahassee FL 32304

Name and Title: For Owner Name and Title: Co-owner
Winston Dennis
Marketing Promoter

Address: 4377 Cool Emerald Dr Address: _____
Tallahassee FL 32303

Name and Title: Ryan Wright Name and Title: Co-owner

Address: 2865 Alexis Ln Address: _____
Tallahassee FL
32308

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STATE
TALLAHASSEE, FLORIDA

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: DeAndre Mitchell
Address: 1420 Alabama St
Tallahassee FL 32304

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Ryan Wright
Address: 2865 Alexis Ln
Tallahassee FL 32308

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 business days prior or 90 business 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

DeAndre Mitchell
Required Signature/Registered Agent

1/30/17
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.

Ryan Wright
Required Signature/Incorporator

1/30/17
Date