## N04000008613

| (Day                      | wastada Nama)       |        |
|---------------------------|---------------------|--------|
| (Red                      | uestor's Name)      |        |
|                           |                     |        |
| (Add                      | ress)               |        |
|                           |                     |        |
| (Add                      | ress)               |        |
|                           |                     |        |
| (City                     | /State/Zip/Phone #) |        |
|                           | _                   | ومسو   |
| PICK-UP                   | ☐ WAIT              | MAIL   |
|                           |                     |        |
| (Bus                      | iness Entity Name)  |        |
|                           |                     |        |
| (Doc                      | ument Number)       |        |
|                           |                     |        |
| Certified Copies          | Certificates of     | Status |
|                           |                     |        |
|                           |                     |        |
| Special Instructions to F | iling Officer:      |        |
|                           |                     |        |
|                           |                     |        |
|                           |                     |        |
|                           |                     |        |
|                           |                     |        |
|                           |                     |        |
|                           |                     |        |
|                           | Office Use Only     |        |



900040053119

08/16/04--01036--011 \*\*78.75

04 SEP -1 PM 2: 27

1304-3181

## TRANSMITFAL LETTER

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

\$70.00

Filing Fee

Filing Fee

& Certificate of Status

SUBJECT: PROTOR RECORDS IN CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

| i                    | Status ADDITIONAL COPY REQUIRED | <b>)</b> |        |
|----------------------|---------------------------------|----------|--------|
| FROM: DEBBIE D. Name | HAYES WAShington                |          |        |
|                      | Address                         |          |        |
| Jackson Wille, F     | L 32226-7447 State & Zip        | 204 SE   | •<br>• |
| (904) 696-10         | 128 elephone number             | P-1 PH   |        |
|                      |                                 |          |        |

**ॼ** \$78.75

Filing Fee

& Certified Copy

\$87.50 Filing Fee,

Certified Copy & Certificate of

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) <u>ARTICLE</u> I NAME The name of the corporation shall be: CITTED MAN PRINCIPAL OFFICE The principal place of business/mailing address is: P.O. Box 714 The purpose for which the corporation is organized is: "TO RELEASE CONTEMPORARY Christian Music ARTICLE IV <u>SHARES</u> The number of shares of stock is: Correction BEVERTY A. ROBINSON - OFFICER - 1251 BEACON AINT DR 454-JAX, FE 32246 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s) Allister A. Washington - 11050 HARTS RD APT#408 - JACKSONVIlle, F232218 REGISTERED AGENT ARTICLE VI The name and Florida, street address (P.O. Box NOT acceptable) of the registered agent is: JACKSWVIILE, FZ 32226-7447 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: DEBBIE Washington P.O.BO77447 JACKSONVIlle, FI.322210-7447 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 CORCOCHIM

Signature/Incorporator