

N140XXX02055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

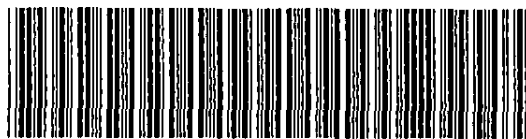
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
14 MAR -4 PM 2:55

14 MAR -4 PM 3:02
STATE
TALLAHASSEE, FLORIDA

APPROVAL
AND
FILED

2344

I, DE'ANDRE MITCHELL WILL NOT REINSTATE 2 MUCH ENTERTAINMENT, INC.
DOCUMENT NUMBER P12000043060 AND I RELEASE THE NAME FOR USE.

De Andre Mitchell

COVER LETTER

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

SUBJECT: 2 Much, Entertainment Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: De'Andre Mitchell
Name (Printed or typed)

1516 South Adams St
Address

Tallahassee, FL - 32301
City, State & Zip

(352) 446-3791
Daytime Telephone number

toomuch-ent@yahoo.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: 2 Much. Entertainment Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1516 South adams st
tallahassee, FL 32301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Market & promotions
Company, to serve the community

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

as according to the by laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

(Pres.) Wynston Dennis (V.Pres.) Ryan Wright
Name and Title: Address: 4473 cool eneorld drive, tallahassee FL, 32303
Address: 1516 South adams st, tallahassee FL, 32301

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: 1516 South Adams St.
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DeAndre Mitchell
Address: 1516 South Adams St
Tallahassee, FL 32301

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 of Registered Agent

3-4-2014
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

DeAndre Mitchell
Required Signature of Incorporator

3-4-2014
Date