

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

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-08/17/01--01044--013
*****87.50 *****87.50

SUBJECT: C.I. A. Artist Management 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: C.I. A. Artist Management Inc
Name (Printed or typed)

565 Kidmore Rd.
Address

Winter Haven, FL 33884
City, State & Zip

863-324-1650
Daytime Telephone number

8/21/01 - No answer

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

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8/21/01

FILED
01 AUG 17 AM 10:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

C.I.A. Artist Management, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 865
Haines City, FL 33844

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Kimberly Mullen 56 Skidmore Rd. Winter Haven, FL 33884
Chad Mullen - Same - B.O.D. Warren Pearce (B.O.D)
Shelby Mullen - Same B.O.D. Patty Pearce 2512 Crest Dr. B.O.D

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Kevin Pearce P.O. Box 1477 Haines City, FL 33844 B.O.D.
Patty Pearce
150 CR 546, Lake Hamilton FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kimberly Mullen
C.I.A. Artist Management Inc
P.O. Box 865 Haines City FL 33845

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

Signature/Registered Agent

Signature/Incorporator

Date

Date

FILED

01 AUG 17 AM 10:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA