

PC3000048382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

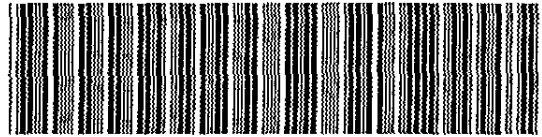
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/07/03--01079--004 \*\*78.75

FILED  
03 MAY - 1 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

✓

2003-10381  
g/s/1

**TRANSMITTAL LETTER**

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

SUBJECT: GOT IT ENT 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  
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: Troy Paul  
Name (Printed or typed)

1295 NW 147 St DR  
Address

miami Florida 33167  
City, State & Zip

786-271-4021  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 11, 2003

TROY PAUL  
1295 NW 147 ST. DR.  
MIAMI, FL 33167

SUBJECT: GOT IT ENT INC.  
Ref. Number: W03000010381

We have received your document for GOT IT ENT INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6965.

Shannon Elliott  
Document Specialist  
New Filings Section

Letter Number: 403A00021812

**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:

GOT IT ENT INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1295 NW 147 St DR  
Miami FL 33167

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

music

**ARTICLE IV SHARES**

The number of shares of stock is:

75

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Troy Paul president/ceo

**ARTICLE VI REGISTERED AGENT**

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

Troy Paul  
1295 NW 147 St DR  
Miami FL 33167

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Troy Paul  
1295 NW 147 St DR  
Miami FL 33167

\*\*\*\*\*  
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

Date

4-3-03

Signature/Incorporator

Date

4-3-03

FILED  
03 MAY - 1 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA