

PO3000053942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

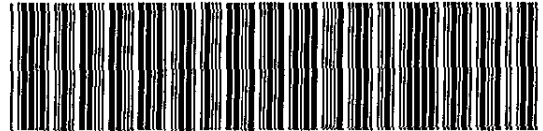
(Business Entity Name)

(Document Number)

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03 MAY - 8 PM 4: 14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

7/15/10

## TRANSMITTAL LETTER

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

**SUBJECT:** ARTIST MANAGEMENT GROUP, 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:** SHIRLEY CONTI  
Name (Printed or typed)

702 SE STREAMLET AVE.  
Address

PORT ST. LUCIE FL 34983  
City, State & Zip

772-879-1050  
Daytime Telephone number

**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:

ARTIST MANAGEMENT GROUP, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

702 SE STREAMLET AVE.  
PORT ST. LUCIE FL 34983

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MUSICIAN, GROUP, ARTIST, etc. REPRESENTATION AGENCY

### ARTICLE IV SHARES

The number of shares of stock is:

741

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

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

### ARTICLE VI REGISTERED AGENT

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

SHIRLEY CONTI  
702 SE STREAMLET AVE.  
PORT ST. LUCIE FL 34983

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SHIRLEY CONTI  
702 SE STREAMLET AVE.  
PORT ST. LUCIE FL 34983

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designating certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Shirley Conti  
Signature/Registered Agent

5.5.03  
Date

Shirley Conti  
Signature/Incorporator

5.5.03  
Date

FILED  
03 MAY -8 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA