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(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9-19-03  
[Signature]

## TRANSMITTAL LETTER

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

LAO MUSIC GROUP, CORP.

**SUBJECT:** \_\_\_\_\_  
(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:** \_\_\_\_\_  
Name (Printed or typed)

17000 NORTH BAY ROAD # 508  
\_\_\_\_\_

Address

SUNNY ISLES, FL. 33160  
\_\_\_\_\_

City, State & Zip

305-725-6512  
\_\_\_\_\_

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:

LAO MUSIC GROUP, CORP.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

17000 NORTH BAY ROAD # 508  
SUNNY ISLES, FL. 33160

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THE CORPORATION MAY ENGAGE IN ACTIVITY OR BUSINESS PERMITTED  
UNDER THE LAWS OF THE UNITED STATES OF AMERICA.

**ARTICLE IV SHARES**

The number of shares of stock is:

THE MAXIMUM NUMBER OF SHARES THAT THIS CORPORATION MAY ISSUE  
IS 50 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

CAROLINA OVALLE ARANGO  
17000 NORTH BAY ROAD # 508  
SUNNY ISLES, FL. 33160

TITLE: PRESIDENT.

**ARTICLE VI REGISTERED AGENT**

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

CAROLINA OVALLE ARANGO  
17000 NORTH BAY ROAD # 508  
SUNNY ISLES, FL. 33160

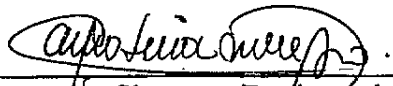
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

CAROLINA OVALLE ARANGO  
17000 NORTH BAY ROAD # 508  
SUNNY ISLES, FL. 33160

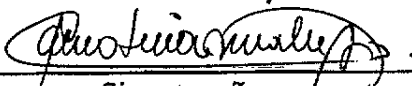
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*Having been named as registered agent to accept service of process for the above stated corporation at the place design  
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

Agosto 20/03  
Date



Signature/Incorporator

Agosto 20/03  
Date