

# P04000011985

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.  
BLACK WARRIORS MOVEMENTS RECORDING COMPANY.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

BLACK WARRIORS MOVEMENTS RECORDING COMPANY.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

18600 NORTH WEST 27th AVE. APT # 104 BUILDING 10  
OPALOCKA, FL 33056

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ENTERTAINMENT SERVICES.

**ARTICLE IV SHARES**

The number of shares of stock is:

100 shares @ \$ 1.00 par value

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

The name(s) and address(es):  
DONAVON MILLS 18600 NW 27 AVE. APT 104 BUILDING 10 OPALOCKA, FL 33056  
DENNIS McLAREN 18600 NW 27 AVE. APT 104 BUILDING 10 OPALOCKA, FL 33056  
LATOYA CHRISTIAN 18600 NW 27 AVE. APT 104 BUILDING 10 OPALOCKA, FL 33056  
BRYAN MILLS 18600 NW 27 AVE. APT 104 BUILDING 10 OPALOCKA, FL 33056

**ARTICLE VI REGISTERED AGENT**

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

DONAVON MILLS  
18600 NW 27 AVE. APT 104 BUILDING 10  
OPALOCKA, FL 33056

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DONAVON MILLS 18600 NW 27 AVE APT 104 BUILDING 10 OPALOCKA, FL 33056  
BRYAN MILLS 18600 NW 27 AVE APT 104 BUILDING 10 OPALOCKA, FL 33056

\*\*\*\*\*  
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]  
Signature/Registered Agent

\_\_\_\_\_  
Date

[Signature] / [Signature]  
Signature/Incorporator

\_\_\_\_\_  
Date