

P05000065143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: SOUND OF DRUMS PRODUCTIONS, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: ARMANDO LOPEZ

Name (Printed or typed)

1601 SW 2ND AVENUE

Address

MIAMI FL 33129

City, State & Zip

305-582-5838

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:

SOUND OF DRUMS PRODUCTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1601 SW 2ND AVENUE
MIAMI FL 33129

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS PERMITTED IN THE STATE OF FLORIDA AND THE UNITED STATES OF AMERICA.

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES @ \$ 1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARMANDO LOPEZ - *President*
1601 SW 2ND AVENUE
MIAMI FL 33129

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

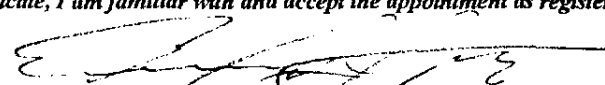
ARMANDO LOPEZ
1601 SW 2ND AVENUE
MIAMI FL 33129

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ARMANDO LOPEZ
1601 SW 2ND AVENUE
MIAMI FL 33129

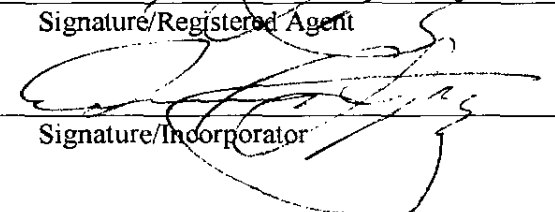
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4/28/2005

Date

x 

Signature/Incorporator

4/28/2005

Date

FILED

05 MAY -3 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA