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COVER LETTER

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

SUBJECT: Hot Spoons Music & Sounds INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

	Enclosed are an original and one (1) copy of the art	ticles of incorporation and	d a check for:	
Status ADDITIONAL COPY REQUIRED	Filing Fee Filing Fee	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status	•

FROM: Samue David Figueroa Name (Printed or typed)
Name (Printed or typed)
4273 NW 89 AVE Apt 103
Audiess
Coral Springs, FL 33065
- *
(954) 839-795C Daytime Telephone number

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

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

ARTICLE I NAME

The name of the corporation shall be:

Hot Spoons Music & Sound INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4273 NW 89 AVE #103 CGral Springs, FL 33065 ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Production Company

ARTICLE IV SHARES

The number of shares of stock is:

500 Shares

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

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

ARTICLE VI REGISTERED AGENT

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

Samuel David Figueroa

4273 NW 89 AVE AP+#103

Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Samuel David Figueroa

4273 NW 89 AVE Apt # 103

Coral Springs, FL 33065

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