# F86000136600

| (Re                     | questor's Name)    |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| · (Ad                   | ldress)            |           |
|                         |                    |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | isiness Entity Nan | ne)       |
| . (Do                   | ocument Number)    |           |
| •                       | ·                  |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
| ·                       |                    |           |
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SECRETARY OF STATE
SECRETARY OF STATE

Wob-42/63

## **COVER LETTER**

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

| SUBJECT: KTF        | Music Inc.                          |                            |  |
|---------------------|-------------------------------------|----------------------------|--|
|                     | (PROPOSED CORPORAT                  | FE NAME – <u>MUST INCL</u> | UDE SUFFIX)                            |
|                     |                                     |                            |  |
|                     |                                     |                            |  |
| Enclosed are an ori | ginal and one (1) copy of the artic | eles of incorporation and  | l a check for:                         |
|                     |                                     | _                          |  |
| <b>\$70.00</b>      | \$78.75                             | <b>578.75</b>              | <b>✓</b> \$87.50                       |
| Filing Fee          | Filing Fee                          | Filing Fee                 | Filing Fee,                            |
|                     | & Certificate of Status             | & Certified Copy           | Certified Copy                         |
|                     |                                     |                            | & Certificate of                       |
|                     |                                     |                            | Status                                 |
|                     |                                     | ADDITIONAL CO              | PY REQUIRED                            |
|                     |                                     |                            |  |
|                     |                                     |                            |  |
|                     |                                     |                            |  |
| гром. К             | evens Celestine                     |                            |  |
| rkowi:              | Name (                              | (Printed or typed)         |  |
|                     |                                     | ,                          |  |
|                     | P.O. Box 364                        |                            |  |
|                     | A                                   | ddress                     |  |
|                     |                                     |                            |  |
|                     | Ft. Lauderdale, FI 33302            |                            |  |
|                     |                                     | State & Zip                | ······································ |
|                     | 786-277-7584                        |                            |  |
|                     |                                     | elephone number            |  |
|                     | •                                   | •                          |  |

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



# FLORIDA DEPARTMENT OF STATE Division of Corporations | Compared Continuous | Conti

RECEIVED

TALLAHASSEL, EL GRIDA

September 26, 2006

ر الا رارشي

KEVENS CELESTINE P.O. BOX 364 FT. LAUDERDALE, FL 33302

SUBJECT: KTF MUSIC INC. Ref. Number: W06000042163

We have received your document for KTF MUSIC INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the corporation. A post office box is not acceptable for the principal office.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown Document Specialist New Filing Section

Letter Number: 706A00057262



# ARTICLES OF INCORPORATION

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

| ARTICLE I | NA | ME |
|-----------|----|----|
|-----------|----|----|

The name of the corporation shall be:

KTF Music Inc.

FILED

2008 OCT 27 P 4: 91

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1830 Meridian Ave # 1503 P:O: Box 364 Ft. Lauderdale, FI-33302 miami Beach, Fla 33139

ARTICLE III PURPOSE

Music Performance, Publishing, Marketing and Recording

The purpose for which the corporation is organized is:

#### ARTICLE IV SHARES

The number of shares of stock is:

1000

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

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

Kevens Celestine P.O. Box 364 Ft. Lauderdale, Fl 33302

**PST** 

#### ARTICLE VI REGISTERED AGENT

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

Paul L. Thilem 11844 N.W. 11th Ct. Coral Springs, FI 33071

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Kevens Celestine P.O. Box 364 Ft. Lauderdale, Fl 33302

| 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/Incorporator

9/19/0b Date Sy. 19-06 Date