

P060000137626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

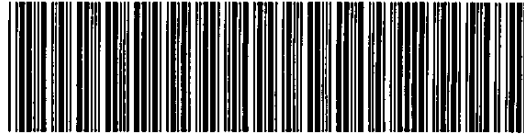
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 OCT 31 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CP 10-31-06

COVER LETTER

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

SUBJECT: WICKED HOOD WOOD 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
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: DON YOUN
Name (Printed or typed)

5912 W. SITKA AVE
Address

TAMPA, FL 33634
City, State & Zip

919-264-8848
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:

WICKED HOOD WOOD INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3728 LOWRY CT
TAMPA, FL 33610

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MUSIC/ENTERTAINMENT BUSINESS. DVD+CD SALES. SHOWS.

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):

PRESIDENT - TAUREAN CAPEHART
GM - DON YOHAN

ARTICLE VI REGISTERED AGENT

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

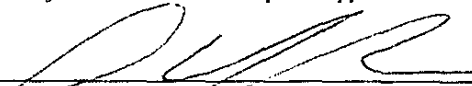
DON YOHAN
5912 W. SITKA AVE
TAMPA, FL 33634

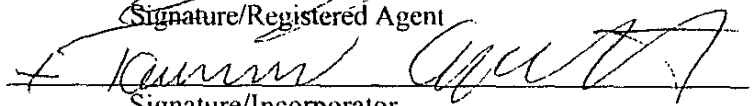
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TAUREAN CAPEHART
3728 LOWRY CT
TAMPA, FL 33610

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


Signature/Incorporator

FILED

06 OCT 31 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/18/06

Date

10/18/06

Date