

P 0700028894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

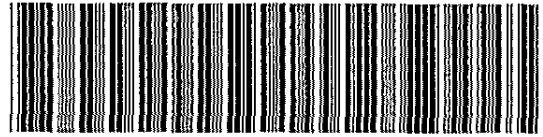
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/6
2007

COVER LETTER

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

SUBJECT: SHIR HADDASH MUSIC 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: DELINELLYS P BERNE

Name (Printed or typed)

6500 SW 14 ST

Address

MIAMI FL 33144

City, State & Zip

305-2623007

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:

SHIR HADDASH MUSIC INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6500 SW 14 ST
MIAMI FL 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SINGER / SONGWRITER

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DELINELLYS P BERNE - PRESIDENT
6500 SW 14 ST
MIAMI FL 33144

ARTICLE VI REGISTERED AGENT

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


DELINELLYS P BERNE
6500 SW 14 ST
MIAMI FL 33144


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DELINELLYS P BERNE
6500 SW 14 ST
MIAMI FL 33144


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

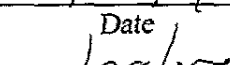


Signature/Registered Agent


Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date


Date