

P07000037669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

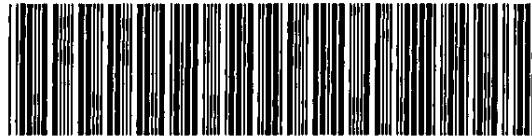
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600093725036

03/23/07--01018--009 \*\*78.75

FILED  
07 MAR 23 PM 3:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

D. WHITE MAR 26 2007

## COVER LETTER

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

SUBJECT: MIDDLE MAN ENTERTAINMENT, 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: OMARI DUPREE

Name (Printed or typed)

2107 N. DECATUR RD #467

Address

DECATUR GA 30033

City, State & Zip

770 558 1309

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:

MIDDLE MAN ENTERTAINMENT, Inc

FILED

07 MAR 23 PM 3: 14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2107 N. DECATUR RD #467, DECATUR GA 30033

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ENTERTAINMENT COMPANY

## **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):

OMARI DUPREE- CEO, SECRETARY  
2107 N. DECATUR RD #467  
DECATUR GA 30033

ANTHONY DEVON SULLIVAN- PRESIDENT, TREASURER  
420 5TH AVE  
BARTOW FL 33830

## **ARTICLE VI REGISTERED AGENT**

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

ANTHONY DEVON SULLIVAN  
420 5TH AVE  
BARTOW FL 33830

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

OMARI DUPREE  
2107 N. DECATUR RD #467  
DECATUR GA 30033

\*\*\*\*\*

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

Anthony Devon Sullivan

Signature/Registered Agent

\_\_\_\_\_  
Date

Omari Dupree

Signature/Incorporator

\_\_\_\_\_  
Date