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ARTICLES OF INCORPORATION

OF

ISADORA PUBLISHING COMPANY INC.

The undersigned, acting as incorporators of a corporation pursuant to Florida Corporations Law Statute 607 governing for-profit corporations, adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ISADORA PUBLISHING COMPANY INC.

2007 JUN - 1 PM 2: 14 SECRETARY OF STATE TALLAHASSEE, FI ORIO

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principle place of business and mailing address shall be:

6100 Arlington Expwy # H-203 Jacksonville, Florida 32211

ARTICLE III PURPOSES

- 1. To engage in the commercial publishing business.
- 2. To specialize in music publishing and movie production.
- 3. To engage in any other legal business necessary to the accomplishment of corporate goals and objectives.

ARTICLE IV DISSOLUTION

Dissolution of the corporation shall only by resolution of the Board of Directors or an act of law.

ARTICLE V STOCK

Initial stock of the corporation will be 1000 shares of stock at .001 value.

ARTICLE VI INITIAL REGISTERED AGENT AND MAILING ADDRESS

The initial registered agent and street address shall be:

Michael R. Winston 6100 Arlington Expwy. # H-203 Jacksonville, Florida 32211

ARTICLE VIII BOARD OF DIRECTORS

The Board of Directors will be appointed by the initial incorporator (s)

ARTICLE IX BYLAWS

The Bylaws of the corporation will be formulated by the initial Board of Directors once appointed.

INCORPORATORS

1.	Name Michael R.	Winston	Address 6100 Arlington Expwy. # Jacksonville, Florida 3	# H-203 32211	Signature Michael L. Winsf	_

The herein above signed incorporators have executed these Articles of Incorporation on this 24th day of May 2007.

STATEMENT OF REGISTERED AGENT

Name and address of the registered agent is as follows:

Michael R. Winston
6100 Arlington Expwy. # H-203
Jacksonville, Florida 32211

I hereby accept the appointment as registered agent and agree to act in that capacity. I further agree to comply with the provisions of the statutes relative to the proper and complete performance of my duties, and am familiar with and accept the obligation of my position as registered agent.

Signature of Registered Agent

Date

SECRETARY OF STATE