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(Requestor's Name)
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COVER LETTER

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

SUBJECT: Jaher	n Music Publishing, Inc (PROPOSED CORPORA)	FE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
□ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: La	aw Office of Allen Jacob	oi	
	Name	(Printed or typed)	
-	11077 Biscayne Blvd.,	Suite 200	
	F	ruures	•
_	Miami, FL 33161		
	City,	State & Zip	
	305-893-5644		
•	Daytime To	elephone 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:

Jahen Music Publishing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 11535 SW 135th Court Miami, FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To do and transact any and all business as permitted under the laws of the State of Florida and the United States of America, including, but not limited to music publishing.

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Alain Moraille, President 11535 SW 135th Court Miami, FL 33186



ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Alain Moraille 11535 SW 135th Court Miami, FL 33186

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Alain Moraille 11535 SW 135th Court Miami, FL 33186

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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Date

SECRETARY OF STATE