

P08000096241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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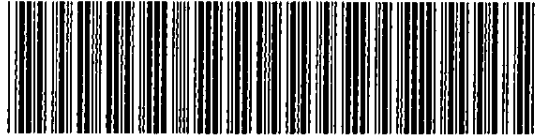
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/24/08--01024--008 **78.75

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08 OCT 24 AM 4:23

STATEMENT OF SERVICE
TAL MARRAS, ESQ.
10/24/08

PA

COVER LETTER

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

SUBJECT: DANCEBAND, 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: CAROL L. ROBERTS
Name (Printed or typed)

1209 LAKESIDE DR
Address

BRANDON, FL 33510
City, State & Zip

813 661-3662
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:

DANCEBAND, INC.
(one word)

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1209 LAKESIDE DR
BRANDON, FL 33510

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DESIGN + MANUFACTURE + SALES OF FASHION
ACCESSORIES

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):

CAROL L. ROBERTS, CEO
8022 MAYS AVE
RIVERVIEW, FL 33569

ARTICLE VI REGISTERED AGENT

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

CAROL L. ROBERTS
8022 MAYS AVE
RIVERVIEW, FL 33569

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CAROL L. ROBERTS
8022 MAYS AVE
RIVERVIEW, FL 33569

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

CAROL L. ROBERTS

10-21-08

Date

10-21-08

Date

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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(one word)

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Signature/Registered Agent



Signature/Incorporator

CAROL L. ROBERTS

10-21-08

Date

10-21-08

Date

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08 OCT 24 AM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA