

P10000100538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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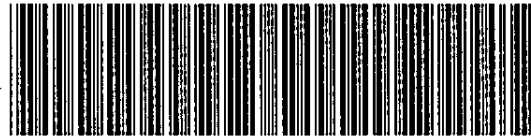
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 DEC 13 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers DEC 14 2010
W10-55752
JMS

COVER LETTER

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

SUBJECT: PETER VEGA 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: PETER VEGA
Name (Printed or typed)
8320 SW 12TH STREET
Address
PEMBROKE PINES, FL 33025
City, State & Zip
954-442-4746
Daytime Telephone number
DRUM 2 DANCE @ BELL SOUTH.NET
E-mail address: (to be used for future annual report notification)

SECRETARY OF
STATE
TALLAHASSEE, FLORIDA

2010 DEC 13 AM 10:33

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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: PETER VEGA MUSIC INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8320 SW 12TH STREET
PEMBROKE PINES, FL
33025

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LIVE PERFORMANCE, MUSIC RECORDING

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PETER VEGA - OWNER/DIRECTOR
Address: 8320 SW 12TH STREET
PEMBROKE PINES, FL
33025

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

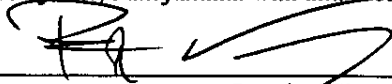
Name: PETER VEGA
Address: 8320 SW 12TH STREET
PEMBROKE PINES, FL 33025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PETER VEGA
Address: 8320 SW 12TH STREET
PEMBROKE PINES, FL 33025

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

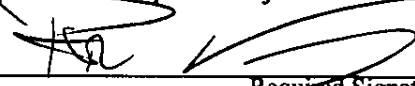


Required Signature/Registered Agent

12/8/10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

12/8/10

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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