(Re	equestor's Name))
(Ad	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	Mait Wait	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

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

SUBJECT: Magellan Talent (PROPOSED CORPORATI	Management INC. ENAME-MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the article \$70.00 \$78.75 Filing Fee & Certificate of Status	
301 W. Platt Ad Tampa, FL 33 City, St (813) 7866690 Daytime Tel	Printed or typed) # 443 Idress 3606 tate & Zip ephone number Pellan Entertain Ment. (om for future annual report notification)

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: Magellan	Talent Management INC.
ARTICLE II PRINCIPAL OFFICE Principal street address 301 W Platt 5t. # 443 Tampa, FL. 33606	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Career Managen	nent of Entertainers and Athle
ARTICLE IV SHARES The number of shares of stock is: 1000	.v
Name and Title: CHIDI AHANOTO Address: 301 W, Platt St. # 443 1 ampa, FL 336	Name and Title: Address:
Name and Title: Address:	Name and Title:Address:
Name and Title: Address:	Name and Title: Address:
~ 	# <u>UU3</u> 606
The name and address of the Incorporator is: Name: Address: OHIDI MANGIU Address:	# 443 666
Having been named as registered agent to accept service this certificate, I am familiar with and accept the appoint. Required Signature/Registered	5/9/11
	herein are true. I am aware that the false information submitted in a
Required Signature/Incorpo	5/9/1/ Date