

P 11000053183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600208264386

FILING CANCELLED
RETURNED CHECK

06/03/11--01014--022 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN - 3 AM 9:53

Ps 6/7/11

COVER LETTER

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

SUBJECT: Xzact Entertainment Marketing and Mangement Group, 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

| | |
|---|---|
| <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: De'Angelo R. Alston Sr.
Name (Printed or typed)

5530 Hawkes Bluff Avenue
Address

Davie, FL 33331
City, State & Zip

954-464-3967
Daytime Telephone number

drxzactinc@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILING CANCELLED
RETURNED CHECK

ARTICLES OF INCORPORATION

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

ARTICLE I NAME Xzact Entertainment Marketing and Mangement Group,
The name of the corporation shall be: Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5530 Hawkes Bluff Avenue
Davie, FL 33331

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This professional corporation is organized for the purpose of managing and marketing for artists in the entertainment industry.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: De'Angelo R. Alston Sr. (President)
Address: 5530 Hawkes Bluff Avenue
Davie, FL 33331

Name and Title: _____
Address: _____

Name and Title: Andre Donnell Alston (CEO)
Address: 5530 Hawkes Bluff Avenue
Davie, FL 33331

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: De'Angelo R. Alston Sr.
Address: 5530 Hawkes Bluff Avenue
Davie, FL 33331

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: De'Angelo R. Alston Sr.
Address: 5530 Hawkes Bluff Avenue
Davie, FL 33331

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

June 1, 2011

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

June 1, 2011

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN - 3 AM 9:53