(Requestor's Name)	
(Address) (Address)	400181848674
(City/State/Zip/Phone #)	
	05/13/1101016006 **70.00
(Business Entity Name) (Document Number)	
ertified Copies Certificates of Status	
Special Instructions to Filing Officer:	DIVISION OF CORPORATION 2011 OCT 28 PH 4: 10
10/28 No money Office Use Only	

COVER LETTER

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

SUBJECT: A'myJo Keys of Musiq, 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	\$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL C	OPY REQUIRED
	~

11 OCT 28 PH 4:

0

FROM: Crystal Cole Lawrence

Name (Printed or typed)

P.O. Box 2261 Address

Tarpon Springs, Florida 34688-2261 City, State & Zip

(727) 207 - 9723

Daytime Telephone number

<u>crystalawrence@yahoo.com</u> E-mail address: (to be used for future annual report notification)

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

Florida Dept of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Amyjo Keys of Musiq

Monday, October 25, 2011

To Whom It May Concern:

I, Crystal Lawrence, the owner of Amyjo Keys of Musiq, Inc., is sending this letter as notification that the above referenced business name/account will no longer be of use, therefore releasing the above business name to be used immediately (reference #P10000031221).

2

282

PH

Thanking you in advance, Crystal Cole Lawrence, Owner

Amyjo Keys of Musiq, Inc ** 160 E Lemon Street, Tarpon Springs, Florida 34689 (727) 207-9723 ** Fax (727) 493-0716 ** Email crystalawrence@amyjokeysofmusiq.com

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Y. .

A'myJo Keys of Musiq, Inc. The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address 160 E Lemon Street Tarpon Springs, Florida 34689

r te E D	
SECRETARY OF STATE	
GIVISION OF CORPORATIO	•

2011 OCT 28 PM 4: 10 Mailing address, if different is: -Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation is organized as a music school, providing in-home/studio instrumental/vocal lessons.

ARTICLE IV SHARES

The number of shares of stock is: 1(one) Share

ARTICLE V **INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title Address:	E:Crystal Lawrence/President P.O. Box 2261	Name and Title Address:	Richard Rice, Sr./Treasurer 8106 Gulf Club Court
Name and Title Address:		Name and Title Address:	Hudson, Florida 34667
Name and Title Address:	Hudson, Florida 34667 Crystal Lawrence/Secretary P.O. Box 2261 Tarpon Springs, Florida 34688-2261	Name and Title Addr e ss:	

ARTICLE VI REGISTERED AGENT

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

Address:	12712 Capitol Drive	
	Hudson, Elorida 34667	

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Name: Crystal Cole Lawrence

Address: 160 E Lemon Street Tarpon Springs, Florida 34689

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

192

Required Signature/Registered Agent

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