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(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	,
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12 JAN 23 PH 2: 49

SECRETARY OF STATE
SECRETARY OF FLORIDA

MRD 412

COVER LETTER

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

SUBJECT: 2 Much Music Group,	Inc.
(PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the ar	rticles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee, & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
	ne (Printed or typed)
2337 East Silver Spring	ıs Blvd.
Ocala, Florida 34470	y, State & Zip
352-789-6744 Daytime	Telephone number
kvanderlaan@embarqn E-mail address: (to be us	nail.com sed 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)

FILED

ARTICLE I The name of the corp	NAME poration shall be:	2 Much Music Gro	up, Inc.	021, 1.5. (17011	SECRETARY OF STA TALLAHASSEE, FLOR	
ARTICLE II 1	·			Mailing address, if different is:		
<u>84</u> .Qc	cala, Florida 34	472	<u> </u>			
ARTICLE III P The purpose for whi Any and all lav	ch the corporatio	n is organized is:				
ARTICLE IV S The number of share		00				
ARTICLE V	NITIAL OFFIC	ERS AND/OR DIREC	TORS			
Address:		TH STREET ORIDA 34471				
Name and Titl Address:	e: YAMIL NE(84 PECAN I OCALA, FL(GRON, VP DRIVE DRIDA 34472	Name an Address:			
Name and Titl Address:	e:		Name an Address:			
ARTICLE VI For the name and Flori Name: Address:	da street address KRISTOPI 2337 EAS	AGENT (P.O. Box NOT acceptabl IER A. VANDERLA I SILVER SPRINGS LORIDA 34470	<u>AN</u> BLVD.	ed agent is:	<u> </u>	
ARTICLE VII 1	NCORPORATO)R				
The name and addr	ess of the Incorpo	rator is:				
Name: Address:	2337 EAST	HER A. VANDERLA SILVER SPRINGS B LORIDA 34470				
		ent to accept service of pr accept the appointment a			ation at the place designated is t in this capacity	
K	Ans.	2			JANUARY 19, 2012	
	Required S	ignature/Registered Agent	·		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.

JANUARY 19, 2012 Date