

P12000069243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

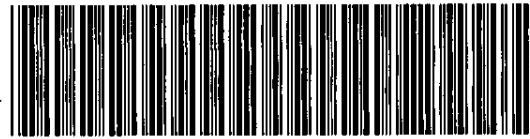
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 JAN 26 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers JAN 27 2012

COVER LETTER

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

SUBJECT: Nova Music Corp.

(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: Nolan Thomspson

Name (Printed or typed)

543 minneola ave

Address

Clermont, FL 34711

City, State & Zip

(352) 551-7100

Daytime Telephone number

NolanThompson.tnt@gmail.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 Nova Music Corp.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
543 Minneola Ave
Clermont, FL 34711

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To produce audio and visual music entertainment.

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bruce Wright- President
Address: 12828 Vanessa Ln. Apt 102
Dade City, FL 33525

Name and Title: Bruce Wright Sr. - Vice President
Address: 2200 Ave. B SW
Winter Haven, FL 33881

Name and Title: Nolan Thompson- Vice President
Address: 543 Minneola Ave
Clermont, FL 37711

Name and Title: Carlos Araque- Vice President
Address: 970 NW 123rd Ct
Miami, FL 33182

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:

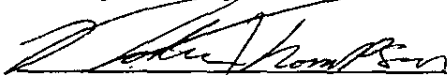
Name: Nolan Thompson
Address: 543 Minneola Ave
Clermont, FL 34711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bruce Wright
Address: 12828 Vanessa Ln. Apt 102
Dade City, FL 33525

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

1-21-2012
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

1.21.12
Date

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