

P12000082549

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

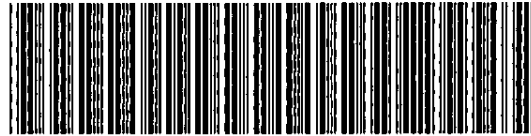
Special Instructions to Filing Officer:

CORRECTED ARTICLE IV  
(SHARES -- 100), ARTICLE  
V (OFFICERS -- CEO) +  
ARTICLE VII (INCORPORATION -  
REMOVED CORP. NAME) PER  
TELEPHONE CONVERSATION

WITH STEVEN PETERSON

Office Use Only

TE 09/28/12



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09/27/12--01011--011 \*\*78.75

ALLIANCE OF STATE  
TALLAHASSEE, FLORIDA

12 SEP 27 PM 3:41

FILED

TE 09/28/12

## COVER LETTER

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

SUBJECT: G.M.F. Records 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 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: STEVEN PETERSON  
Name (Printed or typed)

P.O. Box 13445  
Address

Miami, FL 33101  
City, State & Zip

786-357-3958  
Daytime Telephone number

MR. PerfectP1@yahoo.com  
E-mail address: (to be used 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: G.M.F Records INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

13002 Alexandria  
Drive Apt # W301  
OPA-100K FL 33054

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Record Company.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Kimbrick Kemp  
Address: CEO

13002 Alexandria DR.  
Apt. W301 opa-100K FL 33054

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: Kimbrick Kemp  
Address: 13002 Alexandria DR.  
Apt # W301 opa-100K FL 33054

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kimbrick Kemp  
Address: 13002 Alexandria DR.  
Apt # W301 opa-100K FL 33054

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

Kimbrick Kemp / Kimbrick Kemp  
Required Signature/Registered Agent

9/24/12  
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.

Kimbrick Kemp  
Required Signature/Incorporator

9/24/12  
Date

RECEIVED  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA  
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