

A13000031750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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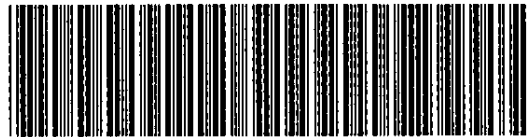
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE FLORIDA

4/8  
88

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

*MAG Productions, 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: \_\_\_\_\_

*MARVIN A. GOLDSTEIN*

Name (Printed or typed)

*2232 Ten Oaks Drive*

Address

*Tallahassee, Florida 32312*

City, State & Zip

*850-294-0029*

Daytime Telephone number

*marvingoldstein@comcast.net*

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: MAG Productions, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2232 TENOAKS DRIVE  
Tallahassee, Florida  
32312

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MUSIC PERFORMANCE  
MUSIC SALES  
MUSIC Production

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: President MARVIN A. GOLDSTEIN Name and Title:

Address: 2232 TENOAKS DR. Address:  
Tallahassee, Fl. 32312

Name and Title: Vice President Lucile L. GOLDSTEIN Name and Title:

Address: Same as above Address:

Name and Title: Sec. MARVIN A. GOLDSTEIN Name and Title:

Address: Same as above Address:

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(conti.)

Treas. Lucile L. GOLOSTEIN  
Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address Same as above Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: MARVIN A. GOLOSTEIN  
Address: 2232 Ten Oaks Dr.  
Tallahassee, FL 32312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARVIN GOLOSTEIN  
Address: 2232 Ten  
Tallahassee, FL 32312

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TALLAHASSEE, FLORIDA

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

[Signature]  
Required Signature/Registered Agent

4/3/2013  
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.

[Signature]  
Required Signature/Incorporator

4/3/2013  
Date