

P1300 0036384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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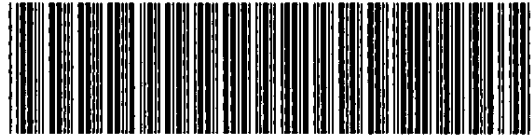
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/22/13--01022--022 **78.75

13 APR 22 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

J. Shivers APR 22 2013

COVER LETTER

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

SUBJECT: Eternal Dance Music, 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: Crystal Roney
Name (Printed or typed)
8202 Wiles Road, Ste 146
Address
Coral Springs, FL 33067
City, State & Zip
310-275-9988
Daytime Telephone number
crysr98@yahoo.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

The name of the corporation shall be: Eternal Dance Music, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8202 Wiles Road

Ste 146

Coral Springs, FL 33067

Mailing address, if different is:

5950 Jefferson Blvd, Ste 4

Los Angeles, CA 90016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

All lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Beckwith, President

Address: 5700 Buckingham Pkwy
Culver City, CA 90230

Name and Title: _____

Address: _____

Name and Title: Rickie Byars Beckwith

Address: 5700 Buckingham Pkwy
Culver City, CA 90230

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

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(conti.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Chris Roney
Address: 8202 Wiles Road, Ste 146
Coral Springs, FL 33067

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Chris Roney
Address: 8202 Wiles Road, Ste 146
Coral Springs, FL 33067

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

Crystal

Required Signature/Registered Agent

3-29-13

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.

Crystal

Required Signature/Incorporator

3-29

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DEPT OF STATE
TALLAHASSEE
FLORIDA

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