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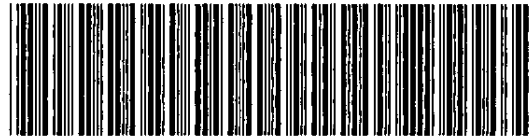
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: **REBEL LANE, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **LYNN GIACHETTI**

Name (Printed or typed)

3301 BONITA BEACH ROAD, #300

Address

BONITA SPRINGS, FL 34134

City, State & Zip

239-947-5169

Daytime Telephone number

LGIACHETTI@CSICORPORATECARD.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: REBEL LANE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3301 BONITA BEACH ROAD

SUITE 300

BONITA SPRINGS, FL 34134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MUSIC AND RELATED ENTERTAINMENT
ACTIVITIES. MUSICAL VOCAL GROUP.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TESSA STONE, PRES.

Name and Title: ASHLEY SCHULTZ, VICE PRES.

Address: 104 GUADELOUPE LANE
BONITA SPRINGS, FL 34134

Address: 7266 FRANKLIN AVE #311
LOS ANGELES, CA 90046

Name and Title: LYNN GIACHETTI, CFO

Name and Title: _____

Address: 16689 WELLINGTON LAKE CIRCLE
FT MYERS, FL 33908

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

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: LYNN GIACHETTI, CPA, CVA
Address: 3301 BONITA BEACH RD. #300
BONITA SPRINGS, FL 34134


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: LYNN GIACHETTI, CPA, CVA
Address: 3301 BONITA BEACH ROAD #300
BONITA SPRINGS, FL 34134

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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

 8/8/13
Required Signature/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.

 8/8/13
Required Signature/Incorporator Date