09/04/2031 04:57 #1285 P 001/003

P13000087179

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000235870 3)))

H13000235870 3ABC$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MICHAEL AMANTE MUSIC INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

FILED
13 OCT 23 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
13 OCT 23 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/24/13

Electronic Filing Menu Corporate Filing Menu Help

H13000235970

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: Michael Amante Music Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
11968 SUNCHASE CT
BOCA RATON, FL 33498

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all lawful business permitted in the State of Florida.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Amante - Pres
Address: 11968 SUNCHASE CT
BOCA RATON, FL 33498

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

FILED
13 OCT 23 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H13000235970

H13000235970 (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: Michael Amante

Address: 11968 SUNCHASE CT

BOCA RATON, FL 33498

FILED
13 OCT 23 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Amante

Address: 11968 SUNCHASE CT

BOCA RATON, FL 33498

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

_____ 10/10/13

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.

_____ 10/10/13

Required Signature/Incorporator Date