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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Stat	us			
Special Instructions to Filing Officer:				

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COVER LETTER

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

SUBJECT: Spc	otted Drum Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
570.00 \$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 CO	DPY REQUIRED
	ruce Paul Zavo	e (Printed or typed)	
	20 1111 7110 01	Address	
S	eattle WA 9810		
	City	, State & Zip	
20	06-201-2226		
	Daytime	Telephone number	
br	uce.zavon@zavo	ntax.com	
		ed 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)

ICLE I Nume of the corp	RINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
03 N And	N Andrews Ave 1325 4th Ave Ste 940		5 4th Ave Ste 940
Laudero	dale FL 33311	Sea	ttle WA 98101
TICLE III P	URPOSE Style correction is prequired in To act	as an Int	terest Charge -
purpose for which the corporation is organized is: To act as an Interest Charge - omestic International Sales Corporation and any other legal			
rpose			<u></u>
icle iv s	HARES 3000		
ICLE V II	HARES of stock is: 3000 NITIAL OFFICERS AND/OR DIRECTOR Byan Canon, President/Dir		Bruce Zavon V P /Dir
ICLE V II	NITIAL OFFICERS AND/OR DIRECTOR itle: Ryan Canon, President/Dir.		Bruce Zavon, V.P./Dir.
ICLE V II	NITIAL OFFICERS AND/OR DIRECTOR itle: Ryan Canon, President/Dir. 2303 N Andrews Ave		2303 N Andrews Ave
TCLE V 11	NITIAL OFFICERS AND/OR DIRECTOR itle: Ryan Canon, President/Dir. 2303 N Andrews Ave Ft. Lauderdale FL	Name and Titl	2303 N Andrews Ave Ft. Lauderdale FL
TCLE V 11	NITIAL OFFICERS AND/OR DIRECTOR itle: Ryan Canon, President/Dir. 2303 N Andrews Ave	Name and Titl	2303 N Andrews Ave
Name and T	NITIAL OFFICERS AND/OR DIRECTOR itle: Ryan Canon, President/Dir. 2303 N Andrews Ave Ft. Lauderdale FL	Name and Titl Address:	2303 N Andrews Ave Ft. Lauderdale FL 33311
Name and T	NITIAL OFFICERS AND/OR DIRECTOR (itle: Ryan Canon, President/Dir. 2303 N Andrews Ave Ft. Lauderdale FL 33311	Name and Titl Address: Name and Titl	2303 N Andrews Ave Ft. Lauderdale FL 33311
Name and T Address Name and Ti	NITIAL OFFICERS AND/OR DIRECTOR Title: Ryan Canon, President/Dir. 2303 N Andrews Ave Ft. Lauderdale FL 33311	Name and Titl Address: Name and Titl Address:	2303 N Andrews Ave Ft. Lauderdale FL 33311
Name and T Address Name and Ti	NITIAL OFFICERS AND/OR DIRECTOR (itle: Ryan Canon, President/Dir. 2303 N Andrews Ave Ft. Lauderdale FL 33311	Name and Titl Address: Name and Titl Address:	2303 N Andrews Ave Ft. Lauderdale FL 33311
Name and T Address Name and Ti	NITIAL OFFICERS AND/OR DIRECTOR Title: Ryan Canon, President/Dir. 2303 N Andrews Ave Ft. Lauderdale FL 33311	Name and Titl Address: Name and Titl Address:	2303 N Andrews Ave Ft. Lauderdale FL 33311
Name and T Address Name and Ti Address	NITIAL OFFICERS AND/OR DIRECTOR Ryan Canon, President/Dir. 2303 N Andrews Ave Ft. Lauderdale FL 33311	Name and Titl Address: Name and Titl Address:	2303 N Andrews Ave Ft. Lauderdale FL 33311

Name a	nd l'itle:	Name and Title:
Addres	ss	Address:
ADDIVI D W	DECIGRADED ACENT	
ARTICLE VI The name and I	REGISTERED AGENT Slorida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Bruce Zavon	
Address:	18 Ocean Drive	
	St. Augustine FL 32080	
ARTICLE VII	INCORPORATOR	
The name and a	address of the Incorporator is:	
Name:	Bruce Zavon	
Address:	18 Ocean Drive	
	St. Augustine FL 32080	
	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
X	20/10/20	11/21/2013
- 1	Required Signature/Registered Agent	Date
I submit this do document to the	cument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a provided for in s.817.155, F.S.
f)	RIVINA	11/21/2013
——— <u>(</u>	Required Signature/Incorporator	Date

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