

P14 600040614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

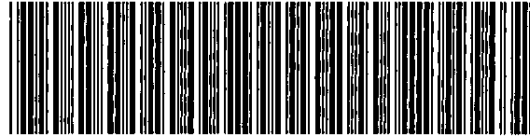
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/07/14--01007--012 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY -7 PM 12:14

**005*

5/1 cm

COVER LETTER

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

SUBJECT: **AllMusic MC, Co.**

(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: **Cesar A. Vidaud**

Name (Printed or typed)

6918 NW 177th ST. H104

Address

Hialeah, FL 33015

City, State & Zip

786-344-9251

Daytime Telephone number

Cesarmelkis@hotmail.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: AllMusic MC, Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6918 NW 177th ST. H104

Hialeah, Fl 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
14 MAY - 7 PM 12:15

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cesar A. Vidaud/ President

Name and Title: _____

Address 6918 NW 177th ST. H104

Address: _____

Hialeah, Fl 33015

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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:

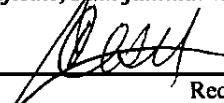
Name: Cesar A. Vidaud
Address: 6918 NW 177th ST. H104
Hialeah, FI 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cesar A. Vidaud
Address: 6918 NW 177th ST. H104
Hialeah, FI 33015

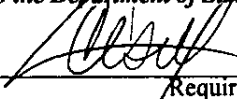
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

04/27/2014

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.


Required Signature/Incorporator

04/27/2014

Date