

PI40000067352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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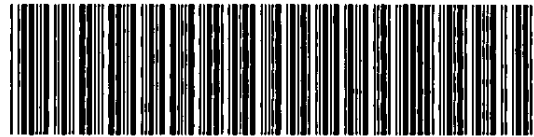
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 8/13

COVER LETTER

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

SUBJECT: ARodMusic, 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: Alexander Rodriguez

Name (Printed or typed)

3262 SW 147 Ct

Address

Miami, FL 33185

City, State & Zip

3054507921

Daytime Telephone number

ivonne@allipumps.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: ARodMusic, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3262 SW 147 Ct

Miami, Fl 33185

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Musician/Singer/Instrumentalist/Ministry

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Alexander Rodriguez</u>	Name and Title:	_____
Address	<u>President / CEO</u>	Address:	_____
	<u>3262 SW 147 Ct</u>		_____
	<u>Miami, Fl 33185</u>		_____

Name and Title:	<u>Luis Rodriguez</u>	Name and Title:	_____
Address	<u>Director of Treasury</u>	Address:	_____
	<u>3361 SW 147 Ct</u>		_____
	<u>Miami, Fl 33185</u>		_____

Name and Title:	<u>Ivonne Rodriguez</u>	Name and Title:	_____
Address	<u>Managing Director</u>	Address:	_____
	<u>3361 SW 147 Ct</u>		_____
	<u>Miami, Fl 33185</u>		_____

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TALLAHASSEE, FLORIDA

(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: Alexander Rodriguez
Address: 3262 SW 147 CT
Miami, FI 33185

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alexander Rodriguez
Address: 3262 SW 147 Ct
Miami, FI 33185

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

8-7-14

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

8-7-14

Date

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