P14000072814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

800263702568

09/03/14--01001--016 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2014 SEP -2 PM 4:40
ACKNOWLEDGE
SUFFICIENCY OF FILING

ARTICLES
ARE
FILED

14 SEP -2 PM 4:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

09/02/14

COVER LETTER

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

SUBJECT: [redacted] Ten 2 Nine Entertainment
(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: Derrick O. Williams
Name (Printed or typed)

321 Rehwinkle Dr.
Address

Tallahassee, Fl 32310
City, State & Zip

850) 405-4010
Daytime Telephone number

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: Ten 2 Nine ENT. INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

321 Rehwinkle Dr.
Tallahassee, Fl 32301

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To promote, entertain, to make profit, promotional, musical, clothing ect...

FILED
04 SEP -2 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 4

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Derrick D. Williams
Address: 321 Rehwinkle Dr. Apt. A
Tallahassee, Fl 32301

Name and Title: CEO.
Address:

Name and Title: Dominic Yates
Address: 321 Rehwinkle Dr. Apt A.
Tallahasseee, Fl 32301

Name and Title: President
Address:

Name and Title: Shontreal Ward
Address: 321 Rehwinkle Dr. Apt. A
Tallahasee, Fl 32301

Name and Title: C.O.O.
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: Derrick O. Williams

Address: 321 Rehwinkle Dr. Apt A.
Tallahassee, Fl 32301

14 SEP -2 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Derrick O. Williams

Address: 321 Rehwinkle Dr. Apt. A-
Tallahassee, Fl 32301

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

Derrick Williams
Required Signature/Registered Agent

09/02/14
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.

Derrick Williams
Required Signature/Incorporator

09/02/14
Date