

P/40000728/4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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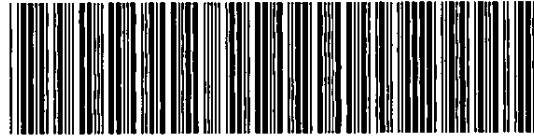
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

09/02/14

COVER LETTER

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

SUBJECT: ~~XXXXXX~~ 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 ☐ \$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: Derrick O. Williams
Name (Printed or typed)

321 Behwinkle 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

Mailing address, if different is:

321 Rehwinkle Dr.
Tallahassee, FL 32301

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 4

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Address: 321 Rehwinkle Dr. Apt. A Address: _____
Tallahassee, FL 32301

Name and Title: Dominic Yates Name and Title: President

Address: 321 Rehwinkle Dr. Apt. A Address: _____
Tallahassee, FL 32301

Name and Title: Shontreal Ward Name and Title: CEO.

Address: 321 Rehwinkle Dr. Apt. A Address: _____
Tallahassee, FL 32301

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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: Derrick O. Williams
Address: 321 Rehunkle Dr. Apt. A.
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Derrick O. Williams
Address: 321 Rehunkle Dr. Apt. A.
Tallahassee, FL 32301

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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