

PK10000083979

(Requestor's Name)

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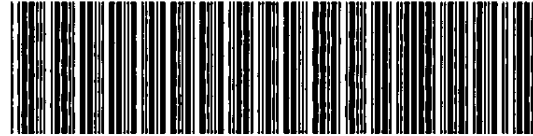
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/10/14--01005--014 **78.75

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14 OCT 10 PM 1:04
CLERK OF STATE
ALL REQUESTS FOR FLORIDA

MD 10/13

COVER LETTER

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

SUBJECT: **SE7VEN SOUNDS MUSIC 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: **ALVARO MAURICIO LINERO**
Name (Printed or typed)

8416 N ORANGE PLACE
Address

TAMPA, FL 33617
City, State & Zip

813-377-5707
Daytime Telephone number

7soundsmusic@gmail.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: SE7VEN SOUNDS MUSIC INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8416 N ORANGE PLACE

TAMPA, FL 33617

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALVARO MAURICIO LINERO/PRESIDENT

Name and Title: _____

Address: 8416 N ORANGE PLACE
TAMPA, FL 33617

Address: _____

Name and Title:

Heather Linero

Vice President

Name and Title: _____

Address:

8416 N Orange Pl
Tampa FL 33617

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: ALVARO MAURICIO LINERO
Address: 8416 N ORANGE PLACE
TAMPA, FL 33617

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: ALVARO MAURICIO LINERO
Address: 8416 N ORANGE PLACE
TAMPA, FL 33617

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

x [Signature]
Required Signature/Registered Agent

10/6/14
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.

x [Signature]
Required Signature/Incorporator

10/6/14
Date