

P15009003208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

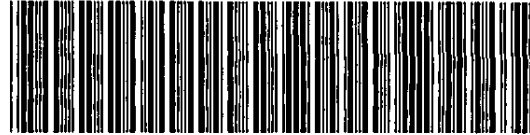
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/14/14--01013--013 **78.00

FILED
15 JAN 12 PM 5:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W14-693881

COVER LETTER

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

SUBJECT: ATLAS Music Group (A.M.G) 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: SHEDRICK SIMMONS
Name (Printed or typed)

14305 S.W 109TH PL
Address

MIAMI, FL 33176
City, State & Zip

(786) 916-0722
Daytime Telephone number

AMGKickBusiness@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
14 DEC -5 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 18, 2014

SHEDRICK SIMMONS
14305 SW 109TH PL
MIAMI, FL 33176

SUBJECT: ATLAS MUSIC GROUP (A.M.G.) INC.
Ref. Number: W14000069389

We have received your document for ATLAS MUSIC GROUP (A.M.G.) INC. and your check(s) totaling \$78.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 914A00024418



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2014

SHEDRICK SIMMONS
14305 SW 109TH PL
MIAMI, FL 33176

SUBJECT: ATLAS MUSIC GROUP (A.M.G.) INC.
Ref. Number: W14000069389

We have received your document for ATLAS MUSIC GROUP (A.M.G.) INC. and your check(s) totaling \$78.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 914A00024418

RECEIVED
15 JAN 12 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ATLAS Music Group INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14305 S.W. 109th Place

Miami, FL 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Music Entertainment & Production

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shedrick Simmons

Name and Title: C.E.O/Founder

Address 14305 S.W. 109th Pl

Address:

Miami FL 33176

C.E.O/Founder

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: Shedrick Simmons
Address: 14305 S.W. 109th PL
Miami, FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shedrick Simmons
Address: 14305 S.W. 109th PL
Miami FL 33176

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15 JAN 12 PM 5:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

11/11/14

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

11/11/14

Date