

P15000028157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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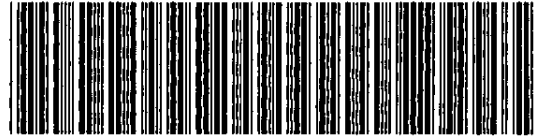
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/23/15--01041--014 **87.50

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15 MAR 23 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/26/15

COVER LETTER

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

SUBJECT: Purposed to the Nexxlevel 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: Troy

Name (Printed or typed)

Nichols

Address

Sarasota, Florida, 34237

City, State & Zip

(941)296-5122

Daytime Telephone number

Troy@Nexxlevelband.com

E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Purposed to the Nexxlevel Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

720 Seeds Avenue

Sarasota Fl. 34237

Mailing address, if different is:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To create and manage music events that will benefit non-profit and profit groups.

Events, weddings, musical festivals, etc;

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Troy Nichols Chief Executive Officer

Address

720 Seeds Avenue

Sarasota, Fl. 34237

Name and Title: Pierre B. Harris Chief financial Officer

Address:

3658 Wenona Drive

Northport, Fl. 34288

Name and Title: Kelly Turner President of Marketing and Communications

Address

5050 Central Sarasota Parkway

Sarasota, Fl. 34238

Name and Title:

Address:

Name and Title:

Address

Name and Title:

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: Troy Nichols
Address: 720 Seeds Avenue
Sarasota Florida 34237

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Troy Nichols
Address: 720 Seeds Avenue
Sarasota Florida, 34237

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

Troy Nichols
Required Signature/Registered Agent

3-19-2015
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.

Troy Nichols
Required Signature/Incorporator

3-19-2015
Date

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TALLAHASSEE, FLORIDA