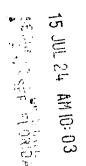
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT: DME	DAMES D	DMUSIC & PESS	ARH. IN C
sebate1	(PROPOSED CORPORAT	Ë NAME – <u>MUST INCL</u>	UDE SUFFIX)
	1).	DMUSIC & DDMU	ISIC & ROSEARCH. INC
Enclosed are an o	riginal and one (1) copy of the artic	les of incorporation and	l a check for:
Filing Fee	•	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	David M. Dresden Name ((Printed or typed)	
1	09 St. Edward Place		
	A	ddress	
f _	Palm Beach Gardens, Florida 33418		
	City, S	tate & Zip	
,4 _	25 415-425-9283 Daytime Te	OR 51e1-23	6-4449
			1
d 	ave CDRESDENLESEARCH.CO		KAD DRESDENDIASET. COM
	E-mail address: (to be used	for future annual report r	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)

TICLE II PRINC	<u>CIPAL OFFICE</u>				
	Principal street address	M	Mailing addr	ess, if different	is:
9 St. Edward Place, F	Palm Beach Gardens, Florida, 33418	SA	4c	18 · 1	JUL '
				5 / 25 / 31 /	+ 2
TICLE III PURPO e purpose for which t	OSE he corporation is organized is:				AM U:
isic Research, DJ Pr	oductions, Market Research			<u> </u>	7
				,	
				·	
	19 - 17 - 18 - 18 - 18 - 18 - 18 - 18 - 18				
TICLE IV SHAR	stock is:				
number of shares of	AL OFFICERS AND/OR DIRECTORS David M. Dresden	Name and Title:	President		
e number of shares of	AL OFFICERS AND/OR DIRECTORS David M. Dresden 109 St. Edward Place	Name and Title: Address:	President		
TICLE V INITIA Name and Title	AL OFFICERS AND/OR DIRECTORS David M. Dresden	Name and Title:	President		
TICLE V INITIA Name and Title Address	AL OFFICERS AND/OR DIRECTORS David M. Dresden 109 St. Edward Place Palm Beach Gardens, FL 33418	Name and Title: Address:			
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS David M. Dresden 109 St. Edward Place Palm Beach Gardens, FL 33418 Phillip Dresden 109 St. Edward Place	Name and Title: Address: Name and Title:			
TICLE V INITIA Name and Title Address	AL OFFICERS AND/OR DIRECTORS David M. Dresden 109 St. Edward Place Palm Beach Gardens, FL 33418 Phillip Dresden 109 St. Edward Place	Name and Title: Address:			
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS David M. Dresden 109 St. Edward Place Palm Beach Gardens, FL 33418 Phillip Dresden 109 St. Edward Place,	Name and Title: Address: Name and Title: Address:			
Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTORS David M. Dresden 109 St. Edward Place Palm Beach Gardens, FL 33418 Phillip Dresden 109 St. Edward Place, Palm Beach Gardens, Fl,33418	Name and Title: Address: Name and Title: Address: Address:	V· f.		
Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTORS David M. Dresden 109 St. Edward Place Palm Beach Gardens, FL 33418 Phillip Dresden 109 St. Edward Place, Palm Beach Gardens, Fl,33418	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	V·f.		

Name :	and Title:	Name and Title:
Addre	ess	Address:
		the registered agent is:
Name:	Phillip Dresden	5 Ju
Address:	109 St. Edward Place,	11.24
	Palm Beach Gardens, Fl. 33418	
<u>ARTICLE VII</u>	INCORPORATOR	AM 10: 03
The <u>name and</u>	address of the Incorporator is:	••
Name:	Phillip Dresden	
Address:	109 St. Edward Place	
	Palm Beach Gardens, Fl. 33418	
Effective date,		(OPTIONAL) be more than five business days prior or 90 business
	ate inserted in this block does not meet the applicable seffective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as
	amed as registered agent to accept service of process. I am familiar with and accept the appointment as regional accept the appointment accept the appointment accept the appointment accept the ac	for the above stated corporation at the place designated in stered agent and agree to act in this capacity
	ocument and affirm that the facts stated herein are t e Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
	I rouse poor	7/23/201
Req	uired Signature/Incorporator	/ / Date