

P15000093340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

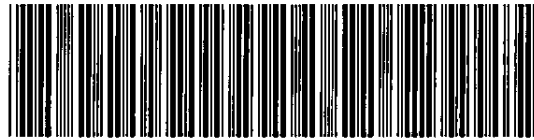
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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15 NOV 18 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

156 11/18/15

APPROVED
AND
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COVER LETTER

15 NOV 18 PM 12: 22

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Cane Gang music Group 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: Calvin Thompson
Name (Printed or typed)

4006 TralEE RD
Address

Tallahassee FL 32307
City, State & Zip

(850) 241-3895
Daytime Telephone number

GriffinLakeShu218@yahoo.com
E-mail address: (to be used for future annual report notification)

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

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 NOV 18 PM 12:22

ARTICLE I NAME

The name of the corporation shall be:

Caine Gang music Group INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4006 Tralee Rd

Tallahassee FL 32307

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

Calvin Thompson (President)

Name and Title:

Address

4006 Tralee rd

Address:

Tallahassee FL 32307

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

APPROVAL
AND
FILED
(cont'd)

15 NOV 18 PM 12:22

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

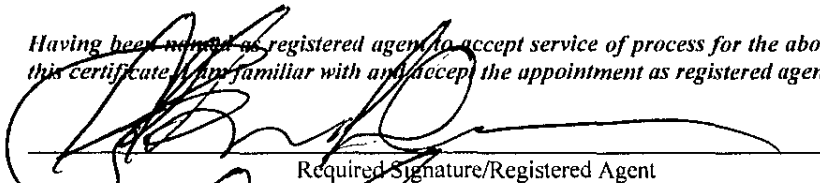
Name: Calvin Thompson
Address: 4006 Tralee rd
Tallahassee FL 32307

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

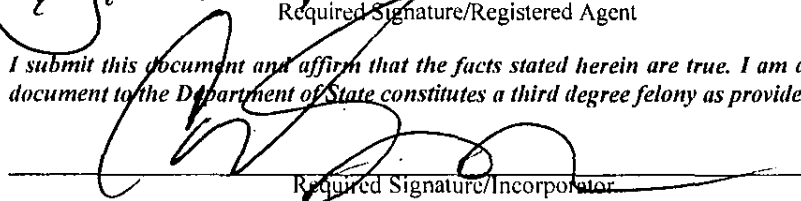
Name: Calvin Thompson
Address: 4006 Tralee rd
Tallahassee FL 32307

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

11-18-15
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

11-18-15
Date