

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H160003059483)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 : (800)221-2972

: (888)692-9256 Fax Number

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

Muse at iStudio, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
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Corporate Filing Menu

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December 15, 2016

FLORIDA DEPARTMENT OF STATE

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: MUSE AT ISTUDIO, INC.

REF: W16000083794

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6052

Valerie Herring Regulatory Specialist II New Filing Section FAX Aud. #: H16000305948 Letter Number: 616A00026662

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2016 DEC 15 AM 9: 34

ARTICLES OF INCORPORATION

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

SECRLIARY OF STATE FALLAHASSEE, FLORIDA

**************************************	Muse at iStudio, Inc.	MALLAHASSE	
LE II PRII	NCIPAL OFFICE Principal street address	Mailing address, if different is:	
NE 16th Ave, A	Apt 605	3010 NE 16th Ave, Apt 605	
and Park, FL 33	334	Oakland Park, FL 33334	
CLE III PUR. urpose for which	POSE h the corporation is organized is:	ansact any and all lawful activity for which a corporation	
oe formed.			
CLE IV SHA	<u>RES</u> 1,000		
unber of shares of	of stock is:		
unber of shares of CLE V INIT: Name and Til	of stock is: IAL OFFICERS AND/OR DIRECTOR tle: Tanya Anderson - Director		
unber of shares of	IAL OFFICERS AND/OR DIRECTOR tle: Tanya Anderson - Director 3010 NE 16th Ave, Apt 605		
unber of shares of CLE V INIT: Name and Til	IAL OFFICERS AND/OR DIRECTOR tle: 3010 NE 16th Ave. Ant 605	Name and Title:	
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unber of shares of CLE V INIT. Name and Til Address	Tanya Anderson - Director 3010 NE 16th Ave, Apt 605 Oakland Park, FL 33334	Name and Title: Address: Name and Title:	
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			SELL JARY OF STATE JALLAHASSEE, FLURIDA
Name	and Title:	Name and Title:	JALLAHASSEE, FITTER
Addre	ess	Address:	- COMBA
	REGISTERED AGENT		
the <u>name and</u>	Florida street address (P.O. Box NOT acceptab Tanya Anderson	ole) of the registered agent is:	
Name:			
Address:	3010 NE 16th Ave, Apt 605		
	Oakland Park, FL 33334		
			
ARTICLE VII	INCORPORATOR		
The name and	address of the Incorporator is:		
	Tanya Anderson		
Name:	3010 NE 16th Ave, Apt 605	<u></u>	
Address:			
	Oakland Park, FL 33334		
ARTICLE VIII	EFFECTIVE DATE: if other than the date of filing:	(OPTION.	All
(If an effective	date is listed, the date must be specific and ca	annot be more than five day	s prior or 90 days after the
filing.)			
	te inserted in this block does not meet the applic effective date on the Department of State's reco.		ents, this date will not be listed as
me document s	enective date on the Department of State's reco.	rus.	
Having been no	imed as registered agent to accept service of pro	ocess for the above stated corp	poration at the place designated in
this certificate, i	am familiar with and accept the appointment a	s registered agent and agree t	o act in this capacity
(In	on ander		12/10/16
V	Required Signature/Registered Agent		Date
I submit this do	cument and affirm that the facts stated herein	are true. I am aware that the	e false information submitted in a
ancument to the	Department of State constitutes a third degree f	eiony as provided for in s.817	.133, F.S.
1 for	- unlin		12/10/16
U [*] R	equired Signature/Incorporator		Date