

P1700060092

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H17000180625 3)))



H170001806253ABC/

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

****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
MASTSONG CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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JUL 14 2017

K. Brumbley

TX Result Report

P 1
07/12/2017 10:49
Serial No. A61D011009948
TG: 43210

Addressee	Start Time	Time	Prints	Result	Note
8558506381	07-12 10:48	00:01:23	004/004	OK	

Note IMR:Inner TX, POL:Polling, ORG:Original Size Setting, FME:Frame Error TX,
DPG:Page Separation TX, RIX:Fixed Original TX, CALL:Manual TX, CSRC:CSRC,
FWD:Forward, DC:DC-Fax, BND:Double-Sided Binding Direction, SP:Special Original,
FCODE:F-Code, RTX:Re-TX, RLV:Reply, MBX:Confidential, BUL:Bulletin, SIP:SIP Fax,
IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-DK: Stop Communication, PW-OFF: Power Switch OFF,
TEL: TX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer,
Refuse: Receipt Refused, Busy: Busy, M-Full: Memory Full, LOVR:Receiving length Over,
POVR:Receiving page Over, FTL:File Error, DC:Decode Error, MDN:MDN Response Error,
DSN:DSN Response Error, PRINT:Compulsory Memory Document Print,
DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

Handwritten signature: M. P. Jones

Florida Department of State
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H170001806253ARC

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To: Division of Corporations
Fax Number : (850)617-6483

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 07535000353
Phone : (800)221-2972
Fax Number : (888)692-9256

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
MASTSONG CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00



July 12, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: MASTSONG CORP.
REF: W17000057436

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.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H17000180625
Letter Number: 217A00014047

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: MASTSONG CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12006 ROYCE WATERFORD CIRCLE

12006 ROYCE WATERFORD CIRCLE

TAMPA, FL 33626

TAMPA, FL 33626

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To transact any and all lawful activity for which a corporation may be formed.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lorenzo Mastrandrea - Director

Name and Title: _____

Address: 12006 ROYCE WATERFORD CIRCLE

Address: _____

TAMPA, FL 33626

Name and Title: _____ Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FLORIDA

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: _____ LORENZO MASTRANDREA
Address: _____ 12006 ROYCE WATERFORD CIRCLE
_____ TAMPA, FL 33626

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____ ANA MAISONAVE
Address: _____ 16 COURT ST
_____ BROOKLYN, NY 11241

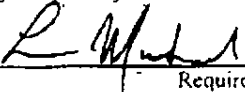
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

07/06/2017

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

07/11/2017

Date