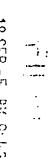
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

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## FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

09-05-18

NAME: AGAINST ALL ODDS ENTERTAINMENT INC.

TYPE OF FILING: ARTICLES OF INCORPORATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

abbie Hodge

## **COVER LETTER**

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

SUBJECT:	ac Move Entertainment Inc.		
oboner	(PROPOSED CORPORA	ATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation and	d a check for:
☐ \$70.0 Filing Fo		\$78.75 Filing Fee	\$87.50 Filing Fee,
i iiiig i c	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
		ADDITIONAL CO	Status
		ADDITIONALCO	N I KEQOIKED
FROM:	Misty Riley  Nam c/o Telos Legal Corp., 1818 11tl	e (Printed or typed) h Street, Suite 101	IACT ES
	Address		
Sacramento, CA 95811  City, State & Zip			
	Daytime 1	Telephone number	
	joshua@unlimitedmgmt.com		
•	E-mail address: (to be use	ed for future annual report i	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)

ne name of the corpora	ion shall be:		+
ARTICLE II PRINCIPAL OFFICE Principal street address 12214 Olive Jones Road Tampa, FL 33625		Mailing address, if different is: 400 Oceangate, Suite 750  Long Beach, CA 90802	
ARTICLE III PURPO The purpose for which the	OSE  Music reconnection is organized is:		
IRTICLE IV SHARI The number of shares of			SEP - 5 PA
	DeSean Jackson, CEO	Name and Title:	ض
	12214 OF 1 1 P 1	4.11	
	Tampa, Fl. 33625		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:	
Addres	ss	Address:	
The name and I	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) of t	he registered agent is:	
Name:	Telos Legal Corp		
Address:	155 Office Plaza Drive		
	Tallahassee, FL 32301		
ARTICLE VII	<u>INCORPORATOR</u>	a SEP	
The name and a	address of the Incorporator is:	ů ·	
Name:	Telos Legal Corp	-0 ·	
Address:	155 Office Plaza Drive		
	Tallahassee, FL 32301	<i>⊗</i> ′	
Effective date, i (If an effective filing.)  Note: If the date	EFFECTIVE DATE: f other than the date of filing:09/10/2018 date is listed, the date must be specific and cannot e inserted in this block does not meet the applicable st effective date on the Department of State's records.		
	med as registered agent to accept service of process f um fumiliar with and accept the appointment as regis	or the above stated corporation at the place designated in tered agent and agree to act in this capacity	
BOOK	Susan Boadway, Asst. Se	<u> </u>	
	Required Signature/Registered Agent	Date	
	cument and affirm that the facts stated herein are to Department of State constitutes a third degree felom	we. I am aware that the false information submitted in a use provided for in s.817.155, F.S.	
	Nall .	09/10/2018	
Requ	iired Signature/Incorporator	Date	