

P19000001019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

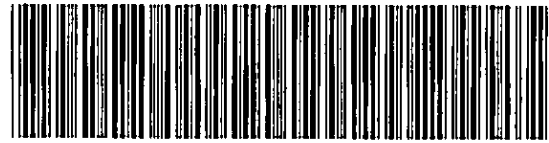
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2019 JAN -2 AM 9:55  
FBI/DOJ  
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JAN 07 2019

K Brumbley

12/23/2018

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Vein Muzik City, Inc.  
Document #P14000056194

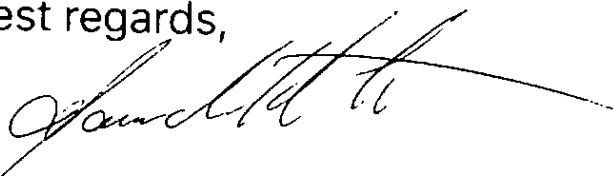
Dear sir or Madam:

As previously discussed on the telephone, I am requesting to terminate the above referenced name and document number ASAP in lieu of the standard one year release from the date of administration dissolution.

Please release this name and allow a new document number to be generated with the corporate filing attached at your earliest convenience.

Thank you for all of your help and assistance with this matter.

Best regards,

A handwritten signature in black ink, appearing to read "Simon Mouton", with a long horizontal flourish extending to the right.

Simon Mouton, President  
Vein Muzik City, Inc.

**COVER LETTER**

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

SUBJECT: Vein muzik city 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Jennifer mitchell  
Name (Printed or typed)

1600 mill creek Rd. #407  
Address

Jacksonville, FL 32211  
City, State & Zip

(904) 887-9978  
Daytime Telephone number

Damon.Mawton@gmail.com  
E-mail address: (to be used for future annual report 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)

**ARTICLE I NAME**

The name of the corporation shall be: Vein muzik City Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1600 mill creek Rd #407  
Jacksonville, FL 32211

Mailing address, if different is:

**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: Damon Mouton, President Name and Title: \_\_\_\_\_

Address 3333 monument Rd Address: \_\_\_\_\_  
Unit 1401  
Jacksonville, FL 32225

Name and Title: Jennifer Mitchell, COO Name and Title: \_\_\_\_\_

Address 1600 mill creek Rd #407 Address: \_\_\_\_\_  
Jax FL 32211

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
2013 JAN -2 AM 9:55  
FLORIDA SECRETARY OF STATE

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: Damon maton  
Address: 3333 monument Rd. Unit 1401  
Jacksonville, FL 32225

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

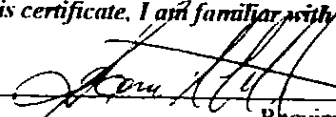
Name: Jennifer Mitchell  
Address: 1600 Mill Creek Rd #407  
Jacksonville, FL 32211

**ARTICLE VIII EFFECTIVE DATE:**

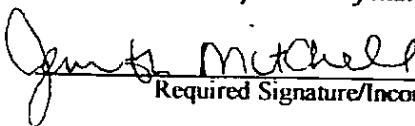
Effective date, if other than the date of filing: 12/23/2018 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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 12/28/2018 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 12/28/2018 Date