

1/25/2019

Division of Corporations

P1900007496

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000030601 3)))



H190000306013ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****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
REIGNSONGS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

1/25/2019 4:50 PM
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: REIGNSONGS, INC.**ARTICLE II PRINCIPAL OFFICE**

Principal street address
c/o Bruce S. Seckendorf, CPA, Seckendorf Hasson & Reilly CPA's LLC
3000 Marcus Avenue Suite 1W5
Lake Success New York 11042

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity and to exercise any powers
permitted to corporations organized under the laws of the State of Florida.

ARTICLE IV SHARESThe number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Timothy Mosley - President, Secretary,</u>	Name and Title:	_____
	<u>Treasurer</u>		_____
Address	<u>c/o Bruce S. Seckendorf, CPA,</u>	Address:	_____
	<u>Seckendorf Hasson & Reilly CPA's LLC</u>		_____
	<u>3000 Marcus Avenue Suite 1W5</u>		_____
	<u>Lake Success New York 11042</u>		_____

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

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

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: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Caitlya M. Ryan, Esq.
Address: Moritt Hock & Hemroff LLP, 400 Garden
City Plaza, Garden City, NY 11530

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.)

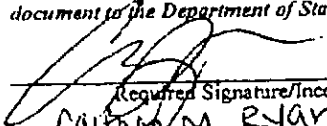
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

By: C T Corporation System 
Required Signature/Registered Agent

1/25/19
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
CAITLYA M. RYAN

1/25/19
Date