

4/2/2019

PI9000028640

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H19000108341 3)))



H190001083413ABC.

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

2019 APR -2 PM 5:00
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**New Kaleidoscope Music, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: NEW KALEIDOSCOPE MUSIC, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address40 S.W. 13TH STREET, SUITE 201-AMIAMI, FLORIDA 33130

Mailing address, if different is:

40 S.W. 13TH STREET, SUITE 201-AMIAMI, FLORIDA 33130**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to engage in any lawful activity for which corporations may be
incorporated in this state.**ARTICLE IV SHARES**The number of shares of stock is: 100,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Michelle Stewart, Chairman & PresidentAddress: 40 S.W. 13th Street, Suite 201-AMiami, Florida 33130Name and Title: Kyra Anderson, Director & SecretaryAddress: 40 S.W. 13th Street, Suite 201-AMiami, Florida 33130

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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

ARTICLE VI REGISTERED AGENTThe **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 INCORPORATORThe **name and address** of the Incorporator is:

Name: Michelle Stewart
Address: 40 S.W. 13th Street, Suite 201-A
Miami, Florida 33130

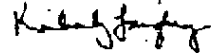
ARTICLE VIII EFFECTIVE DATE:

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

C T Corporation System  Kimberly Laughrey - Asst. Sec 4/2/19
By: _____ Required Signature/Registered Agent _____ 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.

Michelle Stewart 04/01/2019
Required Signature/Incorporator _____ Date _____