

08/02/2019 04:

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SORSHER & ASSOCIATES

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : 120170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: MORRISONMUSICCOMPANY@GMAIL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
MORRISON MUSIC, INC.**

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

2019 AUG -5 AM 9:08

19 AUG -5 PM 12:57
MAIL ROOM

COVER LETTER

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

SUBJECT: MORRISON MUSIC, 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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MEGAN MORRISON

Name (Printed or typed)

11401 NE 7TH AVENUE

Address

BISCAYNE PARK, FL 33161

City, State & Zip

413-335-3762

Daytime Telephone number

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: MORRISON MUSIC, INC.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

11401 NE 7TH AVENUE11401 NE 7TH AVEBISCAYNE PARK, FL 33161BISCAYNE PARK, FL 33161**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: PRESIDENT/ MEGAN MORRISON

Name and Title: _____

Address

11401 NE 7TH AVE

Address: _____

BISCAYNE PARK, FL 33161

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

19 AUG -5 PM 12:57
PALM BEACH COUNTY, FL

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: MEGAN MORRISON
Address: 11401 NE 7TH AVE
BISCAYNE PARK, FL 33161

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MEGAN MORRISON
Address: 11401 NE 7TH AVE
BISCAYNE PARK, FL 33161

ARTICLE VIII EFFECTIVE DATE: 08/01/2019

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

Megan Morrison

Required Signature/Registered Agent

08/02/2019

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.

Megan Morrison

Required Signature/Incorporator

08/02/2019

Date