

P19000065787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

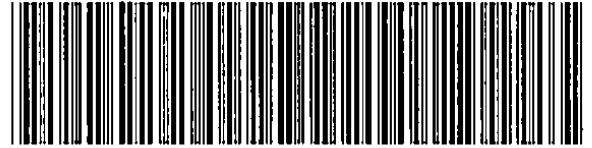
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

J DENNIS

AUG 22 2019



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08/14/19--01023--028 **70.00

FILING CANCELLED
DUE TO RETURNED CHECK

19 AUG 14 AM 8:08

COVER LETTER

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

**FILING CANCELLED
DUE TO RETURNED CHECK**

19 AUG 14 PM 4

SUBJECT: NEW CORPORATION FILING

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: ORE ALVA

Name (Printed or typed)

25 SE 2 AVENUE SUITE 238

Address

MIAMI, FLORIDA 33131

City, State & Zip

786-269-9098

Daytime Telephone number

THEMANTRAMUSICGROUP@GMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILING CANCELLED
DUE TO RETURNED CHECK

ARTICLES OF INCORPORATION

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

19 AUG 14 AM 8:04

ARTICLE I NAME

The name of the corporation shall be: MANTRA MUSIC GROUP, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

25 SE 2 AVENUE SUITE 238

MIAMI, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WHOLESALE PRODUCT

ARTICLE IV SHARES

The number of shares of stock is: 100 (\$1.00 PER SHARE/VALUE)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ORE ALVA

Name and Title: _____

Address 25 SE 2 AVENUE SUITE 238

Address: _____

MIAMI FLORIDA 33131

Name and Title: PRESIDENT

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILING CANCELLED
DUE TO RETURNED CHECK

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

19 AUG 16
7:17 PM
E.C.H.

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ORE ALVA
Address: 25 SE 2 AVENUE SUITE 238
MIAMI, FLORIDA 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ORE ALVA
Address: 25 SE 2 AVENUE SUITE 238
MIAMI, FLORIDA 33131

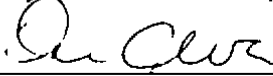
ARTICLE VIII EFFECTIVE DATE:

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


Required Signature/Registered Agent

8/12/13
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

8/12/13
Date