

P200000069001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

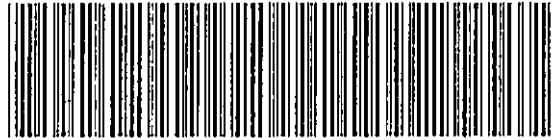
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2020 SEP -8 PM 1:20

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 SEP -8 AM 9:04

FILED

N C

SEP

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 09/08/2020

**\*\*WALK IN\*\***

ENTITY NAME INSTRUMENTOZ INC.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$70.00

ACCOUNT #: I20160000072

*S R H*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

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

FILED

ARTICLE I NAME

The name of the corporation shall be: Instrumentoz Inc.

2020 SEP -8 AM 9: 04

ARTICLE II PRINCIPAL OFFICE

Principal street address

2637 East Atlantic Boulevard

# 1239

Pompano Beach, FL 33062-4939

SECRETARY OF STATE  
Mailing address At different address  
STATE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Online Music Business

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos Cobos-Director

Address: 2637 East Atlantic Boulevard

#1239

Pompano Beach, FL 33062

Name and Title: Carlos Cobos-President

Address: 2637 East Atlantic Boulevard

#1239

Name and Title: Carlos Cobos-Treasurer

Address: 2637 East Atlantic Boulevard

#1239

Pompano Beach, FL 33062

Name and Title: Carlos Cobos-Secretary

Address: 2637 East Atlantic Boulevard

#1239

Pompano Beach, FL 33062

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

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

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

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: Registered Agents Inc.  
Address: 7901 4th St N STE 300  
St. Petersburg, FL 33702

**ARTICLE VII INCORPORATOR**

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

Name: Carlos Cobos  
Address: 2637 East Atlantic Boulevard #1239  
Pompano Beach, FL 33062

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SECRETARY OF STATE  
TALLAHASSEE, FL

**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*

/s/ Bill Havre

Required Signature/Registered Agent

09.04.2020

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.*

/s/Carlos Cobos

Required Signature/Incorporator

09.04.2020

Date