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DERRICK Thompson

Division of Corporations Fax Number

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From:

: SHUMAKER, LOOP & KENDRICK LLP Account Name

Account Number : 075500004387 Phone

: (813)229-7600

Fax Number

: (813)229-1660

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FLORIDA PROFIT/NON PROFIT CORPORATION

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December 16, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SHUMAKER, LOOP & KENDRICK LLP

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Derrick Thompson Regulatory Specialist II New Filing Section FAX Aud. #: H20000428377 Letter Number: 920A00025475 ARTICLE I NAME

ARTICLES OF INCORPORATION

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

TCLE II PRINCIPAL OFFICE Principal street address 3 N. Roscoe Blvd.			Mailing address, if different is:	
ite Vedra, FI	. 32082			
Purpose for which	POSE the corporation is organized is: provide	logistics se	ervices in the music and	
tertainment i	ndustry, and any other lawful p	urpose.		77.7
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e number of shares of TICLE V INIT	of stock is: 100 IAL OFFICERS AND/OR DIRECTORS tle: Gary B. Coleman, Jr Direct			resio
number of shares of	of stock is: 100	OName and Ti	ide: Gary B. Coleman, Jr Pr 233 N. Roscoe Blvd. Ponte Vedra, FL 32082	resi
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TICLE V INIT Name and Ti Address	te: Emily L. Coleman - Director 233 N. Roscoe Blvd.	_ Address:	233 N. Roscoe Blvd. Ponte Vedra, FL 32082 itle: Gary B. Coleman, Jr T 233 N. Roscoe Blvd.	
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Name and Tit Address Name and Tit Address	IAL OFFICERS AND OR DIRECTORS tle: Gary B. Coleman, Jr Direct 233 N. Roscoe Blvd. Ponte Vedra, FL 32082 Le: Emily L. Coleman - Director 233 N. Roscoe Blvd. Ponte Vedra, FL 32082	_ Address: _ Name and Ti _ Address:	233 N. Roscoe Blvd. Ponte Vedra, FL 32082 inte: Gary B. Coleman, Jr T 233 N. Roscoe Blvd. Ponte Vedra, FL 32082	rea.

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Name a	nd Title:	Name and Title:	
Address		Address:	
		_	
ARTICLE VI	REGISTERED AGENT Forkin street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Gary B. Coleman, Jr.		
Address:	233 N. Roscoe Blvd.	···	- · · · · · · · · · · · · · · · · · · ·
	Ponte Vedra, FL 32082		
ARTICLE VII	<u>INCORPORATOR</u>		<u> </u>
The name and	address of the Incorporator is:		٠, - <u>-</u> : 0
Name:	Bennett H. Speyer		•
Address:	1000 Jackson Street		
	Toledo, Ohio 43604		
40 11 01 0 101	EEDSCTIVE DATE.		
Effective date,	EFFECTIVE DATE: if other than the date of filing:	. (OPTIONAL)	
(If an effective filing.)	date is listed, the date must be specific and car	puot be more than five days prior or 90	days after the
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the document's	effective date on the Department of State's recor	ds.	
	uned as registared agent to accept pervice of proces familiar with and accept the appointment as regi		
5			12/20
	Required Signature/Registered Agent		Daz
	ocument and affirm that the facts stated herein		ration submitted in a
document to the	e Department of State constitutes a third degree for		1
Name and State of the State of	Jaush -	Decen	ber 7, 2020
кедилед этап	take/incorporator	Date	