P21000/05409

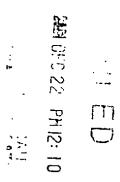
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COVER LETTER

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

	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
nclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

1: Jervallo Kramon Lyles	
Name (Printed or typed)	
2184 North Highway 29	•
Address	· ,
Addiess	
Cantonment, Florida 32533	
	• • • • • • • • • • • • • • • • • • • •
City, State & Zip	16
(850)503-2952	:· '
Daytime Telephone number	
JervalloLovesJesus4ever@gmail.com	
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)

The name of the corpo		ainment Inc		
ARTICLE II PRI	NCIPAL OFFICE Principal street address nt Inc.	M	Mailing address, if different is:	
Cantonment, FL	. 32533			
TRTICLE III PUR The purpose for which conline and in ret	for renthe corporation is organized is: ail stores, stage shows/tours e		I music and merchandise nal items, videos and films	
such as music v	ideos, short films, movies etc.	entertainment for al	l ages	
IRTICLE IV SHA The number of shares of	of stock is:			
Name and Ti	Jervallo Kramon Lyles / CE 2184 North Highway 29	Name and Title:		
Address	Cantonment, FL. 32533	Address:	2	
Name and Tit	e:	Name and Title:		
Address			MI2 D	
Name and Titl	e:	Name and Title:		
Address		Address:		
				

Name a	nd Title:	Name and Title:	
Addres		Addraga	
<u>ARTICLE VI</u>	REGISTERED AGENT		
The name and F	Iorida street address (P.O. Box NOT acceptable Jervallo Kramon Lyles) of the registered agent is:	
Address:	2184 North Highway 29		·
	Cantonment, FL. 32533		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		. 7
Name:	Jervalio Kramon Lyles		
Address:	2184 North Highway 29		
	Cantonment, FL. 32533		22 P
Effective date, if	EFFECTIVE DATE: 01/03/2022 Other than the date of filing: date is listed, the date must be specific and car	(OPTIONAL) noot be more than five days prior or	HI2: 10
Note: If the date	e inserted in this block does not meet the applical effective date on the Department of State's record	ole statutory filing requirements, this da is.	ate will not be listed as
certificate, I am j	ned as registered agent to accept service of proces familiar with and accept the appointment as regis	tered agent and agree to act in this cap	place designated in this acity
seeally 3	Cannon Lylco Required Signature/Registered Agent	12/2	20/2021
0	Required Signature/Registered Agent		Date
I submit this doc document to the	sument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the false info ony as provided for in s.817.155, F.S.	ormation submitted in a
penally	LIMMAN Lyles ire/Incorporator	12/	20/2021
-kequired Signatu	ire/incorporator \checkmark	Date	