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(Requestor's Name)

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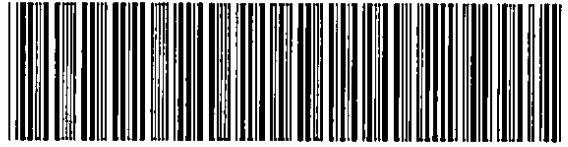
(Business Entity Name)

(Document Number)

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DATE: 12/27/21

NAME: SCHAMBACK MANAGEMENT, INC.

TYPE OF FILING: ARTICLES

COST: 70.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

a Hodge

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: Schamback Management Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
1509 Little Brook Lane
Brandon, FL 33511

Mailing address, if different is:
10250 Constellation Blvd, STE 100D
Los Angeles, CA 90067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Artist Management Company

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alexander Schamback

Name and Title:

Address 1509 Little Brook Lane

Address:

Brandon, FL 33511

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: Paracorp Incorporated
Address: 155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: Icon Business Management
Address: 10250 Constellation Blvd, STE 100D
Los Angeles, CA 90067

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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

Please see attached.

Required Signature/Registered Agent 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 Date 12/24/2021

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

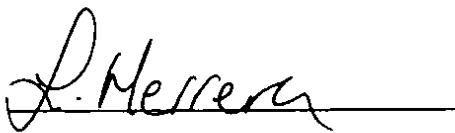
DATE: 12/24/2021

ENTITY NAME: Schamback Management Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Leticia Herrera, Assistant Secretary
Paracorp Incorporated

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