P22000060969

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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TALLAHASSEE, FLORIDA

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

1. BAYO MIZIK INC

PLEASE RETURN A CERTIFIED COPY

CHECK# 9331 FOR: $78.75

THANK YOU!

COVER LETTER

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

SUBJECT: BAYO MIZIK INC.
(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 Filing Fee

☐ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: _____
Name (Printed or typed)

_____
Address

_____
City, State & Zip

_____
Daytime Telephone number

malopez@citrincooperman.com
E-mail address: (to be used for future annual report notification)

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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)

ARTICLE I NAME
The name of the corporation shall be: BAYO MIZIK INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
50 ROCKEFELLER PLAZA, 4TH FLOOR
NEW YORK, NY 10020

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ENTERTAINMENT / MUSIC PRODUCTION

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ARTICLE IV SHARES
The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PATRICK MICHAEL BRUN / PRES.
Address: 50 ROCKEFELLER PLAZA, 4TH FLOOR
NEW YORK, NY 10020

Name and Title: MARIA DEL PILAR LOPEZ/ TREASURER
Address: 50 ROCKEFELLER PLAZA, 4TH FLOOR
NEW YORK, NY 10020

Name and Title: MARIA DEL PILAR LOPEZ / SEC.
Address: 50 ROCKEFELLER PLAZA, 4TH FLOOR
NEW YORK, NY 10020

Name and Title: PATRICK MICHAEL BRUN / DIRECTOR
Address: 50 ROCKEFELLER PLAZA, 4TH FLOOR
NEW YORK, NY 10020

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 AGENT SOLUTIONS, INC

Address: 155 OFFICE PLAZA DR., STE A

TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

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

Name: CELESTE RHINE

Address: P.O. BOX 92095

HENDERSON, NV 89009

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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

Sandra Linares ____ Sandra Linares, AS REP OF RAS, INC 8/1/2022

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.

Celeste Rhine ____________________ 8/1/2022

Required Signature/Incorporator Date