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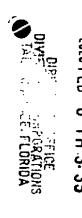
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COVER LETTER

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

SUBJECT: B	ayswater Mu (PROPOSED CORPOR	sic broup	Inc.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	i a check for:		
☑ \$70.00 ☐ \$78.75 Filing Fee Filing Fee & Certificate of Status		□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Christopher	Linnan			
16850 (ollin) Avenue Address					
	Sunny Isk	State & Zip	3316 0		
	347 - 262 - 1351 Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

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

ARTICLE 1 NAME The name of the corporation	shall be:	Bayswat	er	Music	hroup	Inc.	
ARTICLE II PRINCIPAL OFFICE Principal street address 16850 (011:05 AVEAVE		-		Mailing addres	ss, if different is:		
Sunny Islas B	ench, f	1 33160	•				
ARTICLE III PURPOSI The purpose for which the	<u>corporation</u>	is organized is:	Any	and A	II Lan	15-1	
business.							
			-				
	··						
	<u> </u>					TE SEE	933FE
ARTICLE IV SHARES The number of shares of sto	ck is: 10	٥				TARY	8-83
ARTICLE V INITIAL	<u>OFFICERS</u>	AND/OR DIRECT	<u>ORS</u>	. 1 L		SET S	2 M
Name and Title:_	Christ	upher Linma	_ Pr	Name and Title	:	PAT.	<u>ي</u> 2:
		Coilins Av		Address:			
_	50001	Isles Beac	4,FI				
-	33160						<u></u> .
Name and Title:	SaL	Dioses	sec	retum Name and Title	,.		
Address	16850	(allin) A	JIAN.	Address:		<u>, </u>	
		Isles Be					
-		33160	•				
Name and Title:_		· · · · · · · · · · · · · · · · · · ·		Name and Title	::		
Address _				Address:			
- -	·						·
_							 -

Name and Title:	Name and Title:
Address	Address:
	
- 5 m 1 - 5 - 5	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO	T acceptable) of the registered agent is;
Name: [hristopher Lin	
Address: 16850 (allias	ACC SI
Sunny Isles Beac	LAHASSEE TARY OF PH
ARTICLE VII INCORPORATOR	SSE PR
The name and address of the Incorporator is:	E.F.L.3
Name: (hristopher L	in par
Address: 16850 (offins	Avenuc
Sunny Isles	Avenue Deall, FI 33 160
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be spefiling.)	(OPTIONAL) ecific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not me the document's effective date on the Department of	eet the applicable statutory filing requirements, this date will not be listed as State's records.
	rvice of process for the above stated corporation at the place designated in this atment as registered agent and agree to act in this capacity
Required Signature/Regis	02/03/23
Required Signature/Regis	stered Agent Date
I submit this document and affirm that the facts si document to the Department of State constitutes a th	tated herein are true. I am aware that the false information submitted in a hird degree felony as provided for in s.817.155, F.S.
Required Signature/Micorporator	00/03/03
Required Signature/Incorporator	Date

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