

P230000 22883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

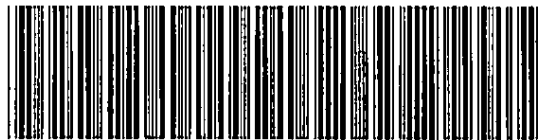
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

3/27/23

Office Use Only



700364906737

04/27/21--01016--010 **185.00

FILED
2023 MAR 27 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Madam Sharr Entertainment 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Shartonya Quinn-Williams
Name (Printed or typed)

2585 NW 49 ave #204
Address

Lauderdale Lakes FL 33313
City, State & Zip

954-901-6429
Daytime Telephone number

SSqwilliams@yahoo.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)

ARTICLE I NAME

The name of the corporation shall be: Madam Sharr Entertainment Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2585 NW 49 ave #204
Lauderdale Lakes FL 33313

Mailing address, if different is:

same
←

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide amusement by
events, performances, stage plays, equipment rentals, shows,
movies, television, radio, dance etc.

ARTICLE IV SHARES

The number of shares of stock is: 2 48

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shantonya Quinn Williams / Director
Address: 2585 NW 49 ave #204
Lauderdale Lakes 33313

Name and Title: Deyanice Quinn / Asst. Director
Address: 2585 NW 49 ave #204
Lauderdale, Lakes FL 33313

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
2023 MAR 27 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Sharbonya Winn Williams
Address: 2585 NW 49 ave #204
Lauderdale Lakes FL 33313

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Sharbonya Winn Williams
Address: 2585 NW 49 ave #204
Lauderdale Lakes FL 33313

FILED
2023 MAR 27 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

[Signature]
Required Signature/Registered Agent

8/30/21
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.

[Signature]
Required Signature/Incorporator

8/30/21
Date