



P230000241343

Florida Department of State
Division of Corporations
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(((H230001180163)))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
SCORPION MUSIC PUBLISHING INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED
23 MAR 29 PM 12:35
SECRETARIAT OF
TALLAHASSEE, FLORIDA

Leslie Sellers

From: faxfinder@capitol-services.com
Sent: Wednesday, March 29, 2023 8:36 AM
To: Leslie Sellers
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6381
Attachments: fax_outbound_850-617-6381_20230329_073602_00006AD1-0000.pdf

Create Time: 03/29/2023 07:31:45 AM

Schedule Time: 03/29/2023 07:36:02 AM

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Sender name: Leslie Sellers

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Subject: H23000117975

Max tries: 5

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Priority: 3

Pages: 4

Recipient fax: 850-617-6381

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JANAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Scorpion Music Publishing Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address14 Penn Plaza Ste 1800New York, NY 10122

Mailing address, if different is:

14 Penn Plaza Ste 1800New York, NY 10122**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Music Publishing**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Maxime Gousse, PresidentAddress 14 Penn Plaza Ste 1800New York, NY 10122Name and Title: Maxime Gousse, SecretaryAddress: 14 Penn Plaza Ste 1800New York, NY 10122Name and Title: Maxime Gousse, TreasurerAddress 14 Penn Plaza Ste 1800New York, NY 10122

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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NEW YORK, NY

Leslie Sellers 8004323622

(05/05) 03/31/2023 02:36:42 PM

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: Thomas Smith
Address: 777 Brickell Ave Suite 420
Miami, FL 33131

ARTICLE VII INCORPORATOR

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

Name: Thomas Roche
Address: 14 Penn Plaza Ste 1800
New York, NY 10122

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.



Required Signature/Registered Agent

03/24/23

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.

FILED
MAR 29 2023
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