P24000072631

(Requestor's Name)
(Address)
(Åddress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
0.07.10.1
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
aparat mananananan sa ming amatan





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RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>12/04/2024</u>	Grounds Music Mian	**WALK IN**
ENTIT T NAME TOO	Crounds Wester Wilder	
DOCUMENT NUMBI	ER	
	PLEASE FILE	THE ATTACHED AND RETURN
	Plain Copy	
XXXXXXXX	Certified Copy	
	Certificate of Status	,
	PLEASE OBTAIN THE	E FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Ar	-ts & Amendments
	Certified Copy of Ar	ts & Amendments Complete File (Including Annual Reports)
	Certificate of Status	·
	Certificate of Status	Reflecting:
	APOSTILLE"	/ NOTARIAL CERTIFICATION
COUNTRY OF DESTIN	NATION	
NUMBER OF CERTIFI	ICATES REQUESTED	
TOTAL OWED \$78.	75	ACCOUNT # 120140000108 Cuth United Corporate Services, Inc. Thank you so much!
Please call Tina at	t the above number fo	r any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: Polo C	Brounds Music Miami Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	ÜDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	i a check for:
	T 650.55	□ 050 55	
□ \$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
		1	Status
		ADDITIONAL COPY REQUIRE	
FROM: <u>Ur</u>	nited Corporate Services, In-	C.	
	Name	(Printed or typed)	
90	State Street, Suite 1101		
00		Address	
Al	BANY NY 12207		
		State & Zip	
	Daytime T	elephone number	
míc	chelle.richburg@wlmmanage	ement com	
11110	E-mail address: (to be used		otification)
	•	·	•

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)

	tion shall be: Polo Grounds Music N		- →
RTICLE II PRING Richburg Enterprises 00 7th Avenue, 8th Fl.	CIPAL OFFICE Principal street address	Mailing address, if different is:	
lew York, NY 10			
RTICLE III PURPO he purpose for which t	OSE the corporation is organized is: To enga	ge in any lawful act or activity permitte	ed by I
····			-
RTICLE IV SHAR he number of shares of	ES stock is: 200 NPV		
RTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS		
RTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS	Name and Title:	
RTICLE V INITIA	aL OFFICERS AND/OR DIRECTORS e: Bryan Leach-Pres/Director	Name and Title: Address:	
RTICLE V INITIA Name and Title	aL OFFICERS AND/OR DIRECTORS e: Bryan Leach-Pres/Director		
RTICLE V INITIA Name and Title	aL OFFICERS AND/OR DIRECTORS Bryan Leach-Pres/Director c/o Richburg Enterprises	Address:	
Name and Title Address	AL OFFICERS AND/OR DIRECTORS c: Bryan Leach-Pres/Director c/o Richburg Enterprises 500 7th Avenue 8th Fl. New York, NY 10018	Address:	
Name and Title Address	AL OFFICERS AND/OR DIRECTORS c: Bryan Leach-Pres/Director c/o Richburg Enterprises 500 7th Avenue 8th Fl. New York, NY 10018	Address:	
Name and Title Address Name and Title	AL OFFICERS AND/OR DIRECTORS c: Bryan Leach-Pres/Director c/o Richburg Enterprises 500 7th Avenue 8th Fl. New York, NY 10018	Name and Title: Address:	
Name and Title Address Name and Title Address	AL OFFICERS AND/OR DIRECTORS e: Bryan Leach-Pres/Director c/o Richburg Enterprises 500 7th Avenue 8th Fl. New York, NY 10018	Name and Title: Address:	
Name and Title Address Name and Title Address	AL OFFICERS AND/OR DIRECTORS e: Bryan Leach-Pres/Director c/o Richburg Enterprises 500 7th Avenue 8th Fl. New York, NY 10018	Address: Name and Title: Address: Name and Title:	

Name and	Title:	Name and Title:	
Address		Address:	
			
	<u>EGISTERED AGENT</u> rida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	United Corporate Services, Inc.		
Address:	3458 Lakeshore Drive		
	Tallahassee, FL 32312		
ARTICLE VII II	NCODBOD ATOD		
The name and add	ress of the Incorporator is:		
Name:	Michelle Richburg		
Address:	c/o Richburg Enterprises, 500 7th	Avenue, 8th FI.	
	New York, NY 10018		
Effective date, if of	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and canno	(OPTIONAL) t be more than five days prior or 90 days afte	er the
	nserted in this block does not meet the applicable ective date on the Department of State's records.	statutory filing requirements, this date will not b	e listed as
	d as registered agent to accept service of process fo niliar with and accept the appointment as register		nated in this
Michael x	7. Barr Pres., United Corporate Services, Inc	. 12/4/2024	
	A. Bass Pres., United Corporate Services, Inc. Required Signature/Registered Agent	Date	
	ment and affirm that the facts stated herein are partment of State constitutes a third degree felony		bmitted in a
/s/ Michelle Ri	chburg	12/24/2024	
Required Signature		Date	

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"ALLIARY DE STATE
"ALLIAHASSEE FLORIDA