.f9500032939

TRANSMITTAL LETTER

Department of State Division of Corporatio P.O. Box 6327 Tallahassee, FL 323		
SUBJECT: K	K Music Service, Inc.	က္
	(proposed corporate name)	
Enclosed is an origin for \$ <u>122.50</u>	al and one (1) copy of the articles of incorporatio	n and our check
FROM:	Kyosti Kottonen Name (printed or typed) 3694 23rd Ave.So.	Tripingung barang seperati
_	Address Lake Worth, F1 3346	1047/25/205 - 30100/07 - 4014 34441/22-50 - 44441/22-50
4	City, State, & Zip	
	Telephone Number	

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Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION

QE.

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KK Music Service. Inc.	7719m
The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorpora	
ion.	
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ARTICLE I NAME

The name of the corporation shall be:

KK Music Service, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3694 23rd Ave.So. Lake Worth, FL 33461

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

Two Hundred Fifty (250) shares of \$1.00 par value common stock.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Kyosti Kotconen 3694 23rd Ave. So. Lake Worth, FL 33461

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Kyosti Kottonen 3694 23rd Ave.So. Lake Worth, F1 33461

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

19th day of April 19 95 .

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: KK Music Service, Inc.
2. The name and address of the registered agent and office is:
Kyosti Kottonon
(NAME)
3694 23rd avenue south
(P.O. BOX NOT ACCEPTABLE)
Lake Worth, F1 33461
(CITY/S1'ATE/ZIP)
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT
AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERIOD.
FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.
. 22 17 m
SIGNATURE PROSE Reliceron
SIGNATURE / MCM. MCM. Com.
DATE 04-19-1995

P95,00032939 STATE OF FLORIDA OFFICE OF THE COMPTROLLER APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part; "Applications for refunds as provided in this section shall be filled with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative and Section 215.26, Florida Statutes, or Section, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.
Name: KK HUSIC Service Inc. EIN or SS#: 65-059345
Address: 958 S. DIXIE Hwy.
Lautana = 1 33462
Amount: 225 Date Paid 8-6-96 Reason for claim: P950000 32939-01-01-01-01-01-01-01-01-01-01-01-01-01-
Certified true and correct this 3rd day of Southwood, 1996. Signature Signature Must be completed if authority is other than Section 215.26, Florida Statutes.
For Agency Use Only A sency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 205
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 97004 Dead 86-96
Name of Account 452021300014530000000000000000000000000000000
Statutory Authority for Collection (007
It is requested that payment be made from the following account:
NAME OF ACCOUNT: 4520213000145300000022002000
Certified true and correct this day of, 19
Department of State, Division of Corporations (Agency) (Authorized Signature and Title)