P95000046743

TRANSMITTAL LETTER

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

SUBJECT: C D MUSIC & VIDEO CONNECTION, INC.
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for $ 70.00 .

FROM: DANIEL STAHL
Name (printed or typed)

3732 DAVIE ROAD
Address

DAVIE, FLORIDA 33314
City, State, & Zip

(305) 370-2466
Telephone Number

700001510917
-06/12/95--01043--009
*****70.00 *****70.00

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

Linda

FILED
95 JUN 12 PM 5:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
95 JUN 12 PM 5:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

C D MUSIC & VIDEO CONNECTION, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: C D MUSIC & VIDEO CONNECTION, INC.

ARTICLE II PRINCIPAL OFFICE

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

3732 DAVIE ROAD
DAVIE, FLORIDA 33314

ARTICLE III CAPITAL STOCK

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

500 shares common stock @.50 par value per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DANIEL J STAHL
2281 NOVA VILLAGE DRIVE
DAVIE, FLORIDA 33317

ARTICLE V INCORPORATOR(S)

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

DANIEL J STAHL
2281 NOVA VILLAGE DRIVE
DAVIE, FLORIDA 33317

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

_____ day of MAY, 19 95.

X Daniel J Stahl
Signature

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: C D MUSIC & VIDEO CONNECTION, INC.

2. The name and address of the registered agent and office is:

DANIEL J. STAHL
(NAME)

2281 NOVA VILLAGE DRIVE
(P.O. BOX NOT ACCEPTABLE)

DAVIE, FLORIDA 33317
(CITY/STATE/ZIP)

FILED
95 JUN 12 PM 5:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Daniel J. Stahl

DATE _____

REGISTERED AGENT FILING FEE: $35.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 NOV 18 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000046743

1. Corporation Name
C D MUSIC & VIDEO CONNECTION, INC.

Principal Place of Business
~~9730 DAVIE ROAD~~
~~DAVIE FL 33314~~
1859 S UNIVERSITY DR.
DAVIE, FL. 33324

Mailing Address
~~9730 DAVIE ROAD~~
~~DAVIE FL 33314~~
2281 NOVA VILLAGE DR.
DAVIE, FL. 33317

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1859 S. UNIVERSITY DR
Suite, Apt. #, etc.
City & State: DAVIE, FLA
Zip: FLA 33324 Country: USA

3. New Mailing Office Address, If Applicable
2281 NOVA VILLAGE DR
Suite, Apt. #, etc.
City & State: DAVIE, FLORIDA
Zip: 33317 Country: USA

4. Date Incorporated or Qualified to Do Business in Florida: 06/12/1995

5. FEI Number: 65-0605428 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	Daniel Stahl	2281 NOVA VILLAGE DR.	DAVIE, FLA 33317
VP	Daniel Stahl	DAVIE, FL. 33317 SAME	DAVIE, FLA 33317
S/T	Daniel Stahl	SAME	DAVIE, FLA 33317

800002010818--1
-11/21/96--01023--021
****375.00 ****375.00

REINSTATEMENT 1776 A. Allen

8. Name and Address of Current Registered Agent
STAHL, DANIEL J
2281 NOVA VILLAGE DRIVE
DAVIE FL 33317

9. Name and Address of New Registered Agent 11-18-96
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State: FL Zip Code

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature]
REGISTERED AGENT MUST SIGN
Date 11-14-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #