

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**P2200002940**

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

From: Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION  
Account Number : I20190000086  
Phone : (305)275-1300  
Fax Number : (305)275-1301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 JAN 13 AM 1:19

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

Email Address: mkrishna1407@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**MusicKarna Inc**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

REMOVED

2022 JAN 13 AM 10:52

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**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: MusicKarna Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address is: 8520 SW 149 Avenue, Suite 1012

Miami, FL 33193

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Muralimohan Sreedevi, Muralikrishna President

Address: 8520 SW 149 Avenue, Suite 1012, Miami, FL 33193

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is

Ulloa and Company Professional Association

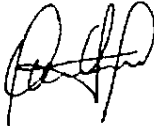
14050 SW 84 Street, Suite 104, Miami, FL 33183

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**ARTICLE VIII EFFECTIVE DATE**

Effective date, if other than the date of filing:

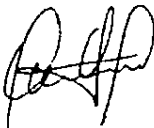
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

01/12/2022

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.



Required Signature/ Incorporator

01/12/2022