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Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : Vcorp Services, LLC
 Account Number : I20080000067
 Phone : (845) 425-0077
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 Email Address: aleksa@jofirm.com

**FLORIDA/FOREIGN LP/LLLP
 Nontra Records LP**

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**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Nontra Records LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.*

2. 4000 Hollywood Blvd 555-South

(Street address of initial designated office)

Hollywood, FL 33021

3. Adam Kluger

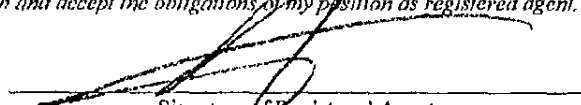
(Name of Registered Agent for Service of Process)

4. 4000 Hollywood Blvd 555-South

(Florida street address for Registered Agent)

Hollywood, FL 33021

5. 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 relative 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 of Registered Agent

6. 4000 Hollywood Blvd 555-South

(Mailing address of initial designated office)

Hollywood, FL 33021

7. If limited partnership elects to be a limited liability limited partnership, check box

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8. Name and business address of each general partner:

Name:

Business Address:

Nontra Corporate Management LLC

4000 Hollywood Blvd 555-South

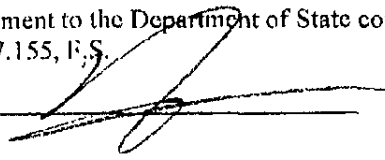
Hollywood, FL 33021

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 7th day of November, 2015.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any 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.



Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75