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TRANSMITTAL LETTER

FILED

00 JUL -3 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

200003312502--0  
-07/05/00--01017--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Regenerit Records, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: GREG SHIELDS  
Name (Printed or typed)

1500 NORTH A. ST.  
Address

PENSACOLA, FL. 32501  
City, State & Zip

(850) 438-5742  
Daytime Telephone number

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)

## ARTICLE I NAME

The name of the corporation shall be:

Regenerit Records, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1500 NORTH A ST.  
PENSACOLA, FL. 32501

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY BUSINESS OR ACTIVITY  
PERMITTED UNDER THE LAWS OF THE USA.

## ARTICLE IV SHARES

The number of shares of stock is:

ONE

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

LINDA SHIELDS  
1500 NORTH A ST.  
PENSACOLA, FL. 32501

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

GREG SHIELDS  
1500 NORTH A ST.  
PENSACOLA, FL. 32501


## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


GREG SHIELDS  
1500 NORTH A ST.  
PENSACOLA, FL. 32501

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\*\*\*\*\*  
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

  
Signature/Registered Agent

  
Date

  
Signature/Incorporator

  
Date