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Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (8

: (850)922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839

Fax Number : (305)599-0839

SECRETARY OF STATEONS
DIVISION OF CORPORATIONS
ON ION -5 AM 8: 36

FLORIDA PROFIT CORPORATION OR P.A.

GROUVE411.COM;ING.

Groove 411, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

OF

GROOVE411, INC.

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

<u>ARTICLE I NAME</u>

The name of the corporation shall be: GROOVE411, INC.

The principal place of business of this corporation shall be: 7639 NW 2nd Street, Miami Fl 33126.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100 shares @ \$1.00 par value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Lizette C. Rodriguez 7639 NW 2nd Street Miami F1, 33126.

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Lizette C. Rodriguez 7639 NW 2nd Street Miami Fl, 33126.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this,

5th day of January 2001.

Signature(s) of Incorporator(s)

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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 co	rporation:	
2. The name and address of the registered agent and office is:		
Lizette C. Rodriguez	7639 NW 2nd Street	OI.
(P.O.	BOX NOT ACCEPTABLE)	JAN OCE T
	Miami Fl. 33126.	F CO
	(CITY/STATE/ZIP)	M 8: 36
	SIGNATURE	Director.
	DATE	1-5-01
HAVING BEEN NAMED TO ABOVE STATED CORPORATE CERTIFICATE, I HEREBY AS FURTHER AGREE TO COMPRELATIVE TO THE PROPER DUTIES, AND I ACCEPT THE 607.325, FLORIDA STATUTES	IION, AT THE PLACE DI GREE TO ACT IN THIS LY WITH THE PROVISION AND COMPLETE PERF IE DUTIES AND OBLIGAT	ESIGNATED IN THIS CAPACITY, AND I S OF ALL STATUTES OPMANICE OF MY
•	SIGNATURE/	Ma De.

DATE