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Requestor's Name

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CORPORATION(S) NAME

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Chalonia Records Inc.

DIVISION OF CORPORATION

01 JUN 28 AM 9 40

RECEIVED



Empire Toll Free: 1-800-432-3028

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| <input checked="" type="checkbox"/> Profit          | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
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| <input type="checkbox"/> Limited Partnership        | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Reinstatement              | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy  | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input checked="" type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In         | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up         |
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01 JUN 28 AM 11:29  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

ARTICLES OF INCORPORATION  
OF  
CHALONIA RECORDS INC.

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01 JUN 28 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

- Article 1: The name and address of this principal Corporation is CHALONIA RECORDS INC. of 349 SE 3<sup>rd</sup>. Street, Belle Glade, Florida 33430. The mailing address is PO Box 1786, Belle Glade, Florida 33430
- Article 2: The Corporation is organized under the laws of the State of Florida to engage in the business of music production. In addition, the Corporation shall engage in any and all activities that are lawful under the laws of the State of Florida and the United States of America.
- Article 3: The Corporation shall have one class of stock. The corporation shall have authorized seven thousand five hundred share of Stock.
- Article 4: The address of the Registered Office is 349 SE 3<sup>rd</sup> Street, Belle Glade, Florida, Palm Beach County. The initial Registered Agent is, Moses Barber. I, Moses Barber, hereby attest that I am familiar with and accept the duties and responsibilities as the Registered Agent for the Corporation.

RESISTERED AGENT

  
Moses Barber  
349 SE 3<sup>rd</sup> Street

Article 5: The name and address of the Incorporator is Dr. D. M. Walker  
of 349 SE 3<sup>rd</sup> Street, Belle Glade, Florida 33430

INCORPORATOR



Dr. D. M. Walker

Article 6: This Corporation shall have a perpetual existence.

Article 7: The names of the Directors are:

Dr. D. M. Walker/ Director  
349 SE 3<sup>rd</sup> Street  
Belle Glade, Florida 33430

Mr. John Turner/Director  
PO Box 873  
South Bay, Florida 33493

Mr. John Wilson/Director  
250 SW 6<sup>th</sup> Ave.  
South Bay, Florida 33430

Mr. Javin Walker/Director  
215 SW 6<sup>th</sup> Ave.  
South Bay, Florida 33430

Ms. Angeletta Sewell/Director  
256 NW 9<sup>th</sup> Street  
Belle Glade, Florida 33430

Mr. Ralph Walker  
256 NW 9<sup>th</sup> Street  
Belle Glade, Florida 33430

Ms. Mae Emily Walker  
256 NW 9<sup>th</sup> Street  
Belle Glade, Florida 33430

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, 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

First that Chalonia Records, Inc.

desiring to organize under the laws of the State of Florida

with its principal office as indicated in the articles of incorporation has

named Moses Barber

located at 349 SE. 3rd Street

City of Belle Glade, County of Palm Beach State of Florida,

as its agent to accept service of process within this state.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN HIS 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 TO MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Moses Barber  
Registered Agent

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