

OFFICE USE ONLY (DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. BROKE MAN'S PARADISE RECORDS INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

**AMENDMENTS**

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

**OTHER FILINGS**

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

**REGISTRATION QUALIFICATION**

<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

RECEIVED  
02 APR -2 AM 10:58 APR -2 PM 3:34  
FILED  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATE FILINGS

## **Articles of Incorporation**

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### **Article I-Name**

The name of the corporation shall be:

Broke Man's Paradise Records *Inc.*

### **Article II- Principal Office**

The principal place of business and mailing of this corporation shall be:

515 NW 145 Street  
Miami, FL 33168

### **Article III- Shares**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Million

### **Articles IV- Initial Registered Agent and Street Address**

The name and address of the initial registered agent is:


Katie Saint Fleur  
515 NW 145 Street  
Miami, FL 33168

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TALLAHASSEE FLORIDA

**Article V- Incorporator**

The name and street address of the incorporator to these Articles of Incorporation is:  
Katia Saint Fleur  
515 NW 145 Street  
Miami, FL 33168

The undersigned incorporator has executed these Articles of Incorporation this 1<sup>st</sup> day of  
April 2002

  
\_\_\_\_\_  
Signature

**Article VI- Director(s)**

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is  
(are):

Katia Saint Fleur  
515 NW 145 Street  
Miami, FL 33168

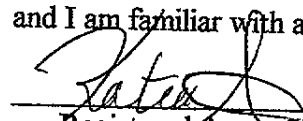
Adietra Granberry  
15501 SW 133 Place Apt. 803  
Miami FI 33177

Kerla Sylvain  
7351 Grandview Blvd  
Miramar, FL 33023

Patrick Saint Fleur  
7351 Grandview Blvd  
Miramar, FL 33023

**Certificate of Designation of Registered Agent/Registered Office**

Having been named as Registered Agent and to accept service of process for the above  
stated corporation at place designated in this 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 related to the proper and complete performance of my duties,  
and I am familiar with and accept the obligations of my position as Registered Agent.

  
\_\_\_\_\_  
Registered Agent Signature

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

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, 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.

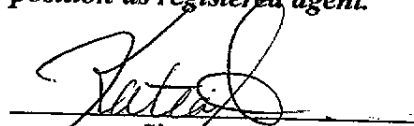
1. The name of the corporation is:

Broke Man's Paradise *Records Inc.*

2. The Address of the registered agent and office is:

Katia Saint Fleur  
515 NW 145 Street  
Miami, FL 33168

*Having been named as registered agent and to accept service of process for the above  
stated corporation at the place designated in this 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 of my duties and I am familiar with and accept the obligations of my  
position as registered agent.*

  
Signature

*2/1/10*  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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