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DIVISION OF STATE OF



TRANSMITTAL LETTER

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

SUBJECT:

	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)/	
Enclosed is an original	al and one(1) copy of the article	es of incorporation and a	check for:	í
\$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 CO	1	i
FROM:	J.A. M. Name (P)	rinted or typed)	ds	
	6340 N	1.W 200	Terr	
	Miami, City.	F1 330 State & Zip	215	SECF
	786 - Daytime T	486 - 37 elephone number	795 R	HOF CORPOR
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NOTE: Please provide the original and one copy of the articles.

Series 195
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: J. A. M RECOIDS, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 6340 N, W. 200 Terro. Article III PURPOSE The purpose for which the corporation is organized is: Any and all lawful business, be 1-1-03.
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): P Lorenzo Johnson 6340 N.W. 200 Term. P Aundre Strickland Miumi, F (33015) ARTICLE VI. PRECISTERED ACENT.
The name and Florida street address of the registered agent is: Lorznzo Johnson 1 2000 1/1/1 Don 5
The name and address of the Incorporator is:

Signature/Registered Agent Date
Signature/Incorporator Date