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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT:	(PROPOSED CORPORA)	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	i a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
FROM:	gregory	(Printed or typed)	PY REQUIRED
	800 No	0 141 Az Address	
	Pem brolte City,	State & Zip	F/33028
	954-914 Davime 1	-0669	

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: FULL WORKS INC. ARTICLE II PRINCIPAL OFFICE TO SERVE THE STATE OF THE SERVE THE
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: ### RECOUNTY FINES ARTICLE III PURPOSE The purpose for which the corporation is organized is: ### Music Promotion, Publishing ARTICLE IV SHARES The number of shares of stock is: 100
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Gregory Bailey: Director
The name and Florida street address of the registered agent is: Creyor Colin Builey 800 Nw Hel Auc ARTICLE VII INCORPORATOR Combookie Pines F 33028 The name and address of the Incorporator is: Greyon Builey 800 Nw Hel Auc Permbookie Pines F 33028
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 Signature/Incorporator Date