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SECRETARY OF STATE OF

O3 SEP 15 MM 9: 58

TRANSMITTAL LETTER

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

SUBJECT: Man	Fion of a Last True (PROPOSED CORPORATE	NAME - MUST INCLUDE	SUFFIX)	
Enclosed is an origin	nal and one(1) copy of the artic	les of incorporation and a	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Jakk Name (Printed or typed)				
	3248W.B	Address Dr.		
			A.	

NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: Nation of a Last Tribe Entertainment Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 3248 W. Baldwin Dr. Tallahassee FT. 323091 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Recording of musical commenents Production of musical anamements Performances of musical arrangement ARTICLE IV The number of shares of stock is: \$1000.00 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): _REGISTERED AGENT The name and Florida street address of the registered agent is: 3248WiBaldwin Dr. Tallahassee F1. 32309 INCORPORATOR The name and address of the Incorporator is: monod 1. Makki 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

ARTICLES OF INCORPORATION

Signature/Incorporator