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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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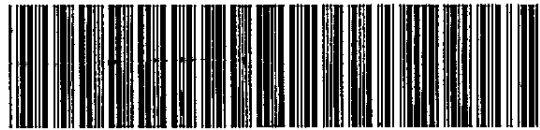
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 MAR 24 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

03 24 06

COVER LETTER

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

SUBJECT: Commissioned Affiliates Records, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$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 COPY REQUIRED

FROM: Samuel O'Banner
Name (Printed or typed)

351 Streamview Way
Address

Winter Springs, FL 32708
City, State & Zip

(386) 314 - 4708
Daytime Telephone number

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: *Commissioned Affiliates Records, Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *351 Streamview Way
Winter Springs, FL 32708*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *A Record Label*

ARTICLE IV SHARES

The number of shares of stock is: *1*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): *Samuel O'Banner, CEO
351 Streamview Way
Winter Springs, FL 32708*

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

[Signature] *Samuel O'Banner,
351 Streamview Way
Winter Springs, FL 32708*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

[Signature] *Samuel O'Banner
351 Streamview Way
Winter Springs, FL 32708*

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]

Signature/Registered Agent

3/22/06

Date

[Signature]

Signature/Incorporator

3/22/06

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA