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# **LAZARUS**

## **CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) Pick up time \_ 2.00\_ Certified Copy ☐ Mail out ☐ Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Other Merger **REGISTRATION/QUALIFICATION** OTHER FILINGS ☐ Annual Report Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other

### 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.

2009 MAR 12 PH 12: 15
SECRETARY OF STATE
TALLAHASSEE.FLORIDA

### **ARTICLE I - NAME**

THE NAME OF THE CORPORATION SHALL BE:

M&W RECORDS, INC

### **ARTICLE II - PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

1330 CORAL WAY SUITE# 307 MIAMI, FI, 33145

### **ARTICLE III - SHARES**

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100 shares

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

KIRIAN UEGA 1330 CORAL WAY SUITE # 307 MAMI, FI, 33145

### **ARTICLE V - INCORPORATOR**

### **ARTICLE VI - DIRECTOR(S)**

**SIGNATURE** 

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

KIRIAN VEGA- P

WILKREDO VEGA 3R- V.P

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

<u>OFFICE</u>

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

SECRETARY OF STATE

Enclose A