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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT 18 AM 11:15

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**FLORIDA PROFIT/NON PROFIT CORPORATION
STAR MUSIC RECORDS, CORP**

Certificate of Status	0
Certified Copy	1
Page Count	02
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME STAR MUSIC RECORDS, CORP
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
8785 SW 165 AVE, Ste 200
Miami, FL 33193

Mailing address, if different is:
13876 S.W. 56th st, Ste 193
Miami, FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
RECORD LABEL AND ALL LEGAL WORK

ARTICLE IV SHARES

The number of shares of stock is: 1000 AS PER SHARE VALUE 1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROXANNE GARCIA (PRESIDENT)	Name and Title: _____
Address: 13876 SW 56th St, Ste 193	Address: _____
Miami, FL 33175	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Roxanne Garcia
Address: 8785 SW 165 Ave, Ste 200
Miami, FL 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roxanne Garcia
Address: 8785 SW 165 Ave, Ste 200
Miami, FL 33193

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




Required Signature/Registered Agent

10/09/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

10/09/2010

Date

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