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SECRETARY OF STATE TALLAHASSEF FLORIDA



COVER LETTER

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

SUBJECT: 31 ST. Records	INC.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate o Status
	ADDITIONAL COPY REQUIRED
FROм: Douglas Lloyd Brown	
Name	e (Printed or typed)
1068 nw 31st	Address
Miami, Florida. 331	27 State & Zip
305-967-9460	elephone number
ŕ	ahoo.com d for future annual report notification)
E-mail address: (to be use	d for future annual report notification)

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 N The name of the corp	IAME 31st. Records In oration shall be:	c.	
ARTICLE II F	RINCIPAL OFFICE		•
	Principal street address	Mailing	address, if different is:
100	68 nw 31st		
mia	ami, fla.33127		
-			
	URPOSE		2.0 -
	ch the corporation is organized is:		
ARTICLE IV S The number of shares	HARES of stock is: 100,000		UN 22 AH 8: 09 AHASSELFLORIE
459999			O. H.
ARTICLE V II	VITIAL OFFICERS AND/OR DIRECT	TUKS	
Name and Title	Douglas Lloyd Brown CEO	Name and Title:	
Address:	1068 nw 31 st	Address:	
	Miami, Fla.33127		
Name and Title	: <u></u>	Name and Title	
Address:		Address:	
11001000.		11001033.	
			
Name and Title	:	Name and Title:	
Address:			
ADTICI E W D	EGISTERED AGENT		
	a street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name:	Douglas Lloyd Brown		
Address:	1068 nw 31st		
ridaross.	Miami, Fla. 33127		
	Wilding Cla.33127		
ARTICLE VII IN	<i>ICORPORATOR</i>		
The name and addre	ss of the Incorporator is:		
Name:	Douglas Lloyd Brown		
Address:	1068 nw 31st		
	Miami, Fla. 33127		•
Having been named this certificate, I am f	as registered agent to accept service of pramiliar with and accept the appointment a	rocess for the above stated corps s registered agent and agree to	poration at the place designated in act in this capacity
(λ)	which Armen		6/14/2011
	Required Signature/Registered Agent		Date
	nt and affirm that the facts stated hereir rtment of State constitutes a third degree j	are true. I am aware that the	: false information submitted in a
(2)	1. L/Ka		
X le	uylas / Woloun		6/14/2011
	Required Signature/Incorporator		Date