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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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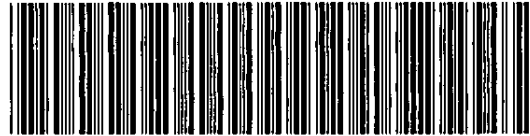
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE ANTI ROBOT SOCIETY INC.
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

CARL L. Brown III
Contact Person

THE ANTI ROBOT SOCIETY
Firm/Company

17040 N.W. 10 CT
Address

Miami, FL 33169
City, State and Zip Code

MOONBROWN1@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARL L. Brown III at (305) 917-3848
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees
☐ \$113.75 Filing Fees and Certificate of Status
☐ \$113.75 Filing Fees and Certified Copy
☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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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: THE ANTI Robot Society INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
17040 N.W. 10 CT
MIAMI, FL
33169

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Multi-Media Development company, music production,
Record label, and ~~an~~ Visual Art Design.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: CARL L. BROWN III
Address: 17040 N.W. 10 CT
MIAMI, FL 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARL L. BROWN III
Address: 17040 N.W. 10 CT
MIAMI, FL 33169

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]
Required Signature/Registered Agent

6/29/2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

[Signature]
Required Signature/Incorporator

6/29/2012
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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