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(D.	equestor's Name)	
(Re	questors Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	e of Status
ocitined copies		<u></u>
Special Instructions to	Filing Officer:	
		

Office Use Only



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13 JUL 23 PM 4: 26
SECRETARY OF STATE
ALLAHASSEE FI GERY.

T. Buren JUL 26 2013



COVER LETTER

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

SUBJECT:	ecords, Inc				
SUBJECT:	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation an	d a check for:		
\$70.00 Filing Fee	•	\$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL CO	OPY REQUIRED		
FROM:	driano Soler	e (Printed or typed)			
13	1320 Dunad Avenue				
	Address				
O _l	oa Locka, FL 33054				
City, State & Zip					
78	6 269-8520				
	Daytime 1	Telephone number			
lfre	ecords@yahoo.com				
	E-mail address: (to be use	ed 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)

<u>RTICLE II </u>	NCIPAL OFFICE Principal street address NUC	Mailing address, if different is: 1320 Dunad Avenue
pa Locka, FL 33	3054	Opa Locka, FL 33054
RTICLE III PUR ne purpose for which t	POSE Music the corporation is organized is:	Productions, Promotions & Entertaimen
		13 JUL 23 SECRETARY ALLAHASSE
		E SI
e number of shares of	stock is:	76 Z
e number of shares of	stock is: TIAL OFFICERS AND/OR DIRECT Adriano Soler/ President	
Name and Title	TIAL OFFICERS AND/OR DIRECT Adriano Soler/ President 1320 Dunad Avenue Opa Locka, FL 33054 Eliana Soler/ Secretary 1320 Dunad Avenue	ORS Name and Title:
e number of shares of RTICLE V INT Name and Title Address Name and Title: Address	Adriano Soler/ President 1320 Dunad Avenue Opa Locka, FL 33054 Eliana Soler/ Secretary 1320 Dunad Avenue Opa Locka, FL 33054	ORS Name and Title: Address: Name and Title: Address:

, Name and	1 Title:	Name and Title:	-
Address	·	Address:	-
,			-
ARTICLE VI	REGISTERED AGENT		
The name and Fk Name:	orida street address (P.O. Box NOT acceptable Adriano Soler) of the registered agent is:	
Address:	1320 Dunad Avenue	_	
	Opa Locka, FL 33054		-
ARTICLE VII	INCORPORATOR	FIL 13 JUL 23 SECRETARY FALLAHASSE	
The name and ad	dress of the Incorporator is:	AR: SS	
Name:	Adriano Soler	PAR D	
Address:	1320 Dunad Avenue	STATI	
	Opa Locka, FL 33054	୍ରିକ ୍ର —	
Having been nam this certificate, I a	ed as registered agent to accept service of proc m familiar with and accept the appointment as	ess for the above stated corporation at the place designated registered agent and agree to act in this capacity 07/18/2013	in
			,
	Required Signature/Registered Agent	Date	
	iment and affirm that the facts stated herein a department of State constitutes a third degree fel	re true. I am aware that the false information submitted in lony as provided for in s.817.155, F.S.	a
00/		07/18/2013	
	Required Signature/Incorporator	Date	

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