# P1800001978

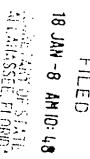
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Doddinent Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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T. BURCH JAN 9 2018

#### **COVER LETTER**

TO: 'Charter Section

Tallahassee, FL 32301

Division of Corporations

SUBJECT: FM Records Music INC		
	Name of Resulting Florida	Profit Corporation
The enclosed Certificate of Conversion Entity" into a "Florida Profit Corporation		and fees are submitted to convert an "Other Business 07.1115, F.S.
Please return all correspondence concer	rning this matter to:	
Kemar McGregor		
Contact Pe	rson	
FM Records Music INC		
Firm/Comp	pany	
PO Box 25773		
Addres	s	
Tamarac FL 33320		
City, State and	Zip Code	
info@fmrecordsmusic.com		
E-mail address: (to be used for fu	ture annual report notificat	on)
For further information concerning this	matter, please call:	
Kemar McGregor	863 at (	3990107
Name of Contact Person	Area Co	de and Daytime Telephone Number
Enclosed is a check for the following as	mount:	
□ \$105.00 Filing Fees ■\$113.75 Filing and Certificate Status		Fees S122.50 Filing Fees,  Output  Certified Copy, and  Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle	; !	MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327 Fallahassee, FL 32314

## Certificate of Conversion For "Other Business Entity" Into

### Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificat	te of Conversi	on is:	
FM Records Music LLC	47-19	,32	_
Enter Name of Other Business Entity	<del></del> -		
2. The "Other Business Entity" is a Limited Liability Company		18 J	
2. The "Other Business Entity" is a	nership, #1	JAN -8	FILED
first organized, formed or incorporated under the laws of Florida			ĹΠ
(Enter state, or if a non-U.S. entity, the name of the country)		<b>≍</b>	0
1/1/17		AM 10: 48	
Enter date "Other Business Entity" was first organized, formed or inco	orporated		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under organized, formed or incorporated:	·		
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incor	poration:		
FM Records Music INC			
Enter Name of Florida Profit Corporation	<del></del> -		
5. If not effective on the date of filing, enter the effective date:			
The effective date: Cannot be prior to nor more than 90 days after the date this document	ment is filed l	y the l	Florida
<b>Department of State.) Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirem	nanto this dat	م النبير م	at ba
isted as the document's effective date on the Department of State's records.	ients, uns date	, will II	ot be

Signed	l this	day of	. 20		
Required Signature for Florida Profit Corporation:					
Signati Incorp Printed	ure of Chairms orator:	n, Vice Chairman, Director	Officer, or, if Directors or Officers have not be	een selected, an	
Requi	red Signature(	(s) on behalf of Other Bus	iness Entity: [See below for required signature	(s).]	
Signati	ure: <i>SW</i> a	wen		<del></del>	
			Title: Officer		
Signati	ure:				
Printed	i Name:		Title:	_	
Signati	ure:			_	
Printec	l Name:		Title:	<del>_</del>	
Signati	ure:			_	
Printed	I Name:		Title:		
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			Title:		
Signati	ure:	<del></del>			
Printed	l Name:		Title:	_	
<b>lf Flor</b> Signati	rida General P ure of one Gene	artnership or Limited Lia eral Partner.	ability Partnership:		
<u>If Flor</u> Signati	rida Limited P ures of <u>ALL</u> Ge	artnership or Limited Lia eneral Partners.	ability Limited Partnership:		
<b>If Flor</b> Signatı	ida Limited L ure of a Membo	iability Company: or or Authorized Representa	ative.		
<b>All oth</b> Signatu	ners: ure of an author	rized person.			
Fees:	Certificate of Fees for Flori Certified Cop Certificate of	da Articles of Incorporation y:	\$35.00 n: \$70.00 \$8.75 (Optional) \$8.75 (Optional)		

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

e principal place of business/mailing address is:  Principal street address D77 BISCAYNE BOULEVARD SUTTE 200 D78 BISCAYNE BOULEVARD SUTTE 200 D79 Box 25773  Tamarac FL 33320  PTICLE III PURPOSE The purpose for which the corporation is organized is:  Music Company  PTICLE IV SHARES: I number of shares of stock is:  TICLE V INITIAL OFFICERS AND/OR DIRECTORS  The and Title:  The political politic	RTICLE II PRINCIPAL OFFICE		
PO Box 25773  Tamarac FL 33320  PO Box 25773  Name and Title:  Name and Title:  Name and Title:  Name and Title:	e principal place of business/mailing address is:		
RTICLE III PURPOSE  te purpose for which the corporation is organized is:  Music Company  PTICLE IV SHARES : number of shares of stock is:  TICLE V INITIAL OFFICERS AND/OR DIRECTORS  te and Title:  PO Box 25773 Tamarac Fl 33320  and Title:  Name and Title:	Principal street address 077 BISCAYNE BOULEVARD SUITE 200		
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TICLE V INITIAL OFFICERS AND/OR DIRECTORS  Stephan Warren Name and Title:  PO Box 25773 Address:  Tamarac Fl 33320 Tamarac FL 33320  e and Title:  Name and Title:			
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and Title: Name and Title: Name	ress:  rumber of shares of stock is:  TICLE V INITIAL OFFICERS AND/OR DIR  Stephan Warren  PO Box 25773  Tamarac Fl 33320	ECTORS  Name and Title:  Address:	Cemar McGregor O Box 25773
and Title: Name and Title:	ress:  rumber of shares of stock is:  TICLE V INITIAL OFFICERS AND/OR DIR  re and Title:  PO Box 25773  Tamarac Fl 33320	ECTORS  Name and Title:  Address:  T	Cemar McGregor O Box 25773 amarac FL 33320
and Title: Name and Title:	ress:  Ticle V INITIAL OFFICERS AND/OR DIR  The and Title:  Stephan Warren  PO Box 25773  Tamarac Fl 33320  and Title:	ECTORS  Name and Title:  Address:  T.  Name and Title:	Cemar McGregor O Box 25773 amarac FL 33320
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	ress:  Ticle V INITIAL OFFICERS AND/OR DIR  The and Title:  PO Box 25773  Tamarac Fl 33320  and Title:  288:	ECTORS  Name and Title:  Address:  The state of the state	Cemar McGregor  O Box 25773  amarac FL 33320
	ress:  PO Box 25773  ress:  Tamarac Fl 33320  e and Title:  and Title:  and Title:	Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Address:	Cemar McGregor O Box 25773 amarac FL 33320

	<u>E VI REGISTERED AGENT</u>				
The name	and Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:			
Name:	Allen Jacobi				
Address:	11077 Biscayne Boulevard Suite 200				
	MIAMI, FL 33161				
ARTICL	E VII INCORPORATOR			<del>1</del> 8	
The name	and address of the Incorporator is:				
Name:	Kemar McGregor		22 E	JAN -	77
Address:	2312 SW 82nd Terrace		SEE.	8 AM	E)
	North Lauderdale FL 33068		의 의	<u>ö</u>	O
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	een named as registered agent to accept service of pr icate, I am familiar with and accept the appointment				lesignated in
ļ	t. Agropi	1/4/2018			
	Required Signature/Registered Agent	Date			
	his document and affirm that the facts stated herein to the Department of State constitutes a third degree			tion su	ıbmitted in a
_ (e	(Agrapa)	1/4/2018			
	Required Signature/Incorporator	Date	<del>_</del> _		