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## **COVER LETTER**

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

| 1630 Bolkin Road Lot # 60  |         |
|--|---------|
|  | <u></u> |
| Tallahassee 7/a 32305<br>City, State & Zip   |         |
| (850) 661-9735  Daytime Telephone number   |         |
| Walkertorey 37 @ yaheo, com E-mail address (to be used for future annual report notification | 1)      |

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

| The name of the corpo                 | $\frac{dE}{dE}$ oration shall be: $\frac{dE}{dE}$   | id Becords Fr                         | )C.  |
|---------------------------------------|---|---------------------------------------|--|
| ARTICLE II PRI                        | NCIPAL OFFICE<br>Principal <u>street</u> address  | Mailin                                | g address, if different is:                                  |
| 1636 Balk                             | in Roya Lot # 69  | <u> </u>                              |  |
| Tallahas:                             | ee TIA 32305  |                                       |  |
| ARTICLE III PUR The purpose for which | POSE  h the corporation is organized is:  | rusic Recording                       | engineering.   |
| Productio                             | n, promotions,  | management                            | , end anakeling.   |
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|                                       |   |                                       | <del></del>  |
|                                       | of stock is: 100  TAL OFFICERS AND/OR DIRECT  Itle: TOREY C. Walkin Roa  Lot + 69 #3  Tallahassec, Fla. | Address: 540 March                    | Dard Mitchell CID  7 Dills Road  Alcello 710 20344  C Shares |
| Name and Tit                          | 10: ARte 2 Games Se   | ((c) Tor Warne and Title: Jus         | relle Russell Transmic                                       |
| Address                               | 3725 George Buch  | e 1 Km Address: 472                   | & LaSalle Blvd.  |
|                                       | Benjesan Ga. 21   |                                       | · •—   |
|                                       | 720 shares  | # SD                                  | shores :   |
| Name and Tit                          | le:   | Name and Title:                       | ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠                     |
| Address                               |   |                                       | <u>့</u>   |
|                                       |   |                                       | <u></u>  |
|                                       |   |                                       |  |

| u<br>u   | Name and Title:                                     | Name and Title:   |         |
|--|---|---|---------|
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Torcy C. Lied Ker  Address: Lo 3D Field in P.A. Let Lo?  Tolla hasse, Flo. 32365   ARTICLE VIII INCORPORATOR  The name and address of the Incorporator is:  Name: Torcy C. Wolfer  Address: Lo 30 Bolk in Per Lo  Address: Lo 30 Bolk in Per Lo  Address: Lo 30 Bolk in Per Lo  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing: In Cole 20 Lo  (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days a filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will must document's effective date on the Department of State's records.  Having been named as registered agent to accept service of process for the above stated corporation at the place decertificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information document to the Department of State constitutes a third degree felony as provided for in s.817,153, F.S.  Required Signature/Incorporator  Date   | Address   | Address:  |         |
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| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:   |   |   |         |
| Name: Torry C. Licit Kr.  Address: 16.30 Bilkin P.A. Let #69  Tiella hassee Fla. 32365  ARTICLEVII INCORPORATOR  The name and address of the Incorporator is:  Name: Torry C. Walker  Address: 16.30 Bilkin Pilk  Address: 16.30 Bilkin Pilk  ARTICLEVIII EFFECTIVE DATE:  Effective date, if other than the date of filing: 11 Ct. 2026 (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days a filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not the document's effective date on the Department of State's records.  Having been named as registered agent to accept service of process for the above stated corporation at the place decertificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity.  Required Signature/Registered Agent  Date  Required Signature/Incorporator  Date   |   | NAME and analysis of the section of the                                   |         |
| ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Tokey C. Walker  Address: 1630 Belkin Red  If Tollahossee, 71c 3235  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing: 11 Clo 2020 (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days a filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not the document's effective date on the Department of State's records.  Having been named as registered agent to accept service of process for the above stated corporation at the place decertificate, I am fanithar with and accept the appointment as registered agent and agree to act in this capacity.  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information document to the Department of State constitutes a third degree felony as provided for in x.817.155. F.S.  Required Signature/Incorporator  Date  |   |   |         |
| The name and address of the Incorporator is:  Name: Tokey C, wolkin kind.  Address: 1600 Bilkin kind.  Address: 1600 Bilkin kind.  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 11 Ctc 2026 (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days a filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not the document's effective date on the Department of State's records.  Having been named as registered agent to accept service of process for the above stated corporation at the place decertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.  Required Signature/Registered Agent Da  I submit this document and affirm that the facts stated herein are true. I am aware that the false information document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Required Signature/Incorporator  Date  | Name: JCiEy C. Lu                                   | au her  |         |
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| The name and address of the Incorporator is:  Name: Tokey C. Walker L. 22 1  Address: 1670 Bilker Line 2  Address: 1670 Bilker Line 2  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 11 Ctc 2826 (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days a filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not the document's effective date on the Department of State's records.  Having been named as registered agent to accept service of process for the above stated corporation at the place decertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.  Required Signature/Registered Agent Da  I submit this document and affirm that the facts stated herein are true. I am aware that the false information document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Required Signature/Incorporator Date   | Tallahásse  | , 71g. 323c5  |         |
| The name and address of the Incorporator is:  Name: Tokey C. Wolker  Address: 1630 Bokkin Rook  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 11 Cle 2026 (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days a filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not the document's effective date on the Department of State's records.  Having been named as registered agent to accept service of process for the above stated corporation at the place descertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  Date  Required Signature/Incorporator  Date   | ,   | ,   |         |
| Name: 1088 C. Walker  Address: 1630 B.C.K.in Rec. 2  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 11 C.C. 2020 (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days a filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not the document's effective date on the Department of State's records.  Having been named as registered agent to accept service of process for the above stated corporation at the place descertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information document to the Department of State constitutes a third degree felony as provided for in x.817.155, E.S.  Required Signature/Incorporator  Date  | ARTICLE VII INCORPORATOR                            |   |         |
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| Required Signature/Incorporator  Date  Date  | Required Signature/                                 | e/Registered Agent Date   | :       |
| Required Signature/Incorporator  Date  |   |   | ubmitt  |
|  | ocument to the Department of State constitut        | tes a third degree felony as provided for in s.817.155, F.S.              | /       |
|  |   | 22/2/   | 2/      |
|  | tequiled Signature/Incorporator                     | Date 23   |         |
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|  |   | ္က  |         |

January 25, 2021

TOREY CORTEZ WALKER 1630 BALKIN ROAD LOT # 69 TALLAHASSEE, FL 32305

SUBJECT: OPEN MIND RECORDS INC

Ref. Number: W20000128241

We have received your document for OPEN MIND RECORDS INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

WILLIAM LAWRENCE Regulatory Specialist II

Letter Number: 421A00001607

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