P95000040350

TRANSMITTAL LETTER

FILED
95 MAR 13 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

100001427311
-03/13/95--01011--008
****122.50 ****122.50

SUBJECT: LETHAL EXPOSURE RECORDS, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ $70.00 ☐ $78.75 ☒ $122.50 ☐ $131.25

FROM: STANLEY BINNS
Name (printed or typed)

3619 E. MCBERRY ST.
Address

TAMPA FL. 33610
City, State & Zip

(813) 852-9044
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

D. BROWN MAR 13 1995

FILED
95 MAR 13 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

LETHAL EXPOSURE RECORDS, INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: LETHAL EXPOSURE RECORDS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3619 E McBERRY ST.
TAMPA FL. 33610

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

STANLEY BINNS
3619 E. McBERRY ST.
TAMPA, FL. 33610

ARTICLE V INCORPORATOR(S)

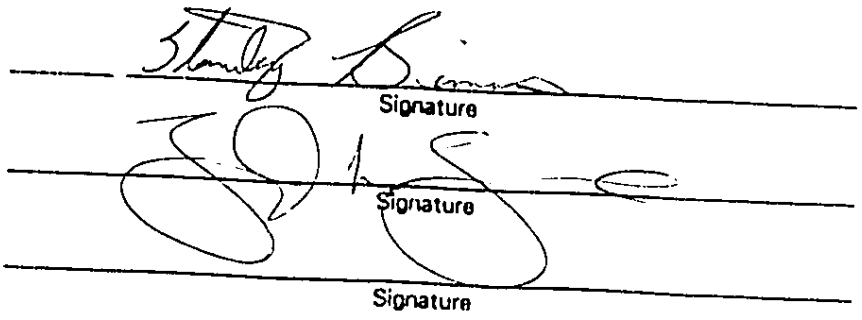
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

STANLEY BINNS
3019 E. MCBERRY ST.
TAMPA, FL. 33610

JOSEPH JONES
3207 16TH ST
TAMPA FL 33605

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

8TH day of MARCH, 19 95.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: LETHAL EXPOSURE RECORDS, INC.

2. The name and address of the registered agent and office is:

STANLEY BINNS
(Name)

3615 E. MCBERRY ST.
(P.O. Box not acceptable)

TAMPA FL. 33610
(City/State/Zip)

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete perf r-mance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Stanley Binns
(Signature)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 DEC 23 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000020230

1 Corporation Name

LETHAL EXPOSURE RECORDS, INC.

Principal Place of Business	Mailing Address
3619 E. MCBERRY STREET TAMPA FL 33610	3619 E. MCBERRY STREET TAMPA FL 33610

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/13/1995

5. FEI Number: 59-3302102 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ SB 75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P,T,S,V D,S,M	Stanley Binns	3619 E. Mc Berry ST.	Tampa / Fl. / 33610

600002036T46--6
-12/24/96--01067--018
****236.25 ****236.25

REINSTATEMENT 1496
12/23/96

8. Name and Address of Current Registered Agent

BINNS, STANLEY
3619 E. MCBERRY STREET
TAMPA FL 33610

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

600002036T46--6
-12/24/96--01067--013
****147.50 ****147.50

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Stanley Binns SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 11-29-96

11: Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Stanley Binns SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 852-9044
Daytime Phone #