P09000001016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

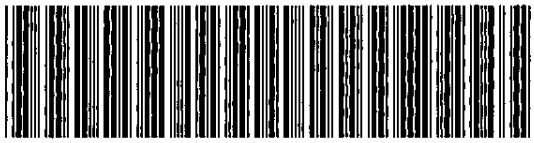
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08 DEC 29 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 1/7/09

COVER LETTER

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

SUBJECT: Sound Business Management, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

☑ $70.00 Filing Fee

☐ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Cheryl Williams
Name (Printed or typed)

PO Box 384
Address

Safety Harbor, Florida 34695
City, State & Zip

601-238-4475
Daytime Telephone number

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)

ARTICLE I NAME

The name of the corporation shall be:

Sound Business Management, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is:

Physical location: 925 7th Street N. Safety Harbor, Florida 34695
Mailing address: PO Box 386. Safety Harbor, Florida 34695

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Small business consulting, management, & tax services; as well as other administrative services.

ARTICLE IV SHARES

The number of shares of stock is:

100

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Cheryl Williams

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Ombri Williams
695 10th Place N.
Safety Harbor, Fl. 34695

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Cheryl Williams
PO Box 386
Safety Harbor, Fl. 34695

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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/Registered Agent — Date: 12/8/08

Signature/Incorporator — Date: 12/8/08