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LABARUS CORPORATE FILING SERVICE, INC.

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. AUDIO TRANSLATIONS CONCEPT INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

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*****78.75 *****78.75

Examiner's Initials

ARTICLES OF INCORPORATION

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: ***Audio Translations Concept Inc.***

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
11633 NW 7th Avenue
Miami, FL 33168

Mailing : P.O. Box 1593
Miami, FL 33144

ARTICLE III - SHARES:

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: *One thousand (1,000).*

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Guy R. Mompoint
13611 SW 73rd Street
Miami, FL 33183

FILED
00 FEB -2 PM 12:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V INCORPORATOR(S):

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

1. Guy R. Mompont-----13611 SW 73rd Street / Miami, FL 33183
2. Jeannette Antoine -----11633 NW 7th Ave / Miami, FL 33168
3. Maurice Stuppard-----11905 NE 2nd Ave Apt C-310 / North Miami, FL 33161


ARTICLE VI. DIRECTOR(S):

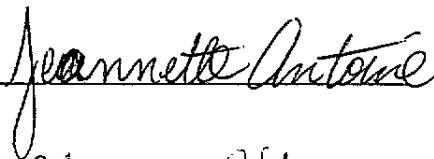
The name(s) and street address(s) of the director(s) to these Articles of Incorporation is (are):

- | | | |
|----------------------|-------------|--|
| 1. Guy R. Mompont | President / | 13611 SW 73 rd Street / Miami, FL 33183 |
| 2. Jeannette Antoine | Treasurer / | 11633 NW 7 th Ave / Miami, FL 33168 |
| 3. Maurice Stuppard | Secretary / | 11905 NE 2 nd Ave Apt C-310 / North Miami, FL 33161 |

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

1 day of Feb, 2000







CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of sections 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: ***AUDIO TRANSLATIONS CONCEPT Inc.***

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

Guy R. Mompoin

13611 SW 73rd Street / Miami, FL 33183

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 RECISRERED 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 PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Date: _____

2/1/21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

00 FEB -2 PM 12:41

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