

TRANSMITTAL LETTER
P00000027459

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

300003166858--4
-03/13/00--01085--010
*****78.75 *****78.75

SUBJECT: A/V Works, Inc.
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
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

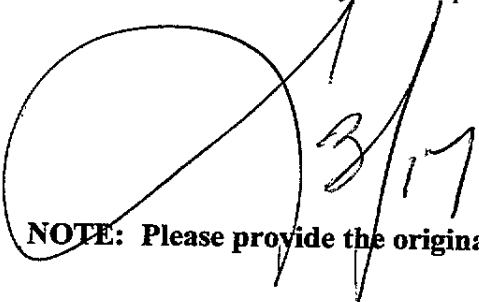
FROM: RUDYARD KAMICKA
Name (Printed or typed)

13299 SW 124 STREET
Address

MIAMI, FLORIDA 33186
City, State & Zip

305 255.4287
Daytime Telephone number

FILED
00 MAR 13 PM 3:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA


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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

A/V WORKS, INC.

ARTICLE II PRINCIPAL OFFICE

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

13299 SW 124 STREET
MIAMI, FL. 33186

ARTICLE III SHARES

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

100 (one hundred)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

RUDYARD KAMICKA
13751 SW 145 TERRACE
MIAMI FL. 33186

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

RUDYARD KAMICKA
13751 SW 145 TERRACE
MIAMI
FL. 33186

Signature/Incorporator

03/09/2000

Date

(An additional article must be added if an effective date is requested.)

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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

03/09/2000

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA