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TRANSMITTAL LETTER

FILED  
00 OCT 26 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

900003426569--5  
-10/16/00--01136--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: AURAL STIMULATION PRODUCTIONS, 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: THERESA RODNEY  
Name (Printed or typed)

2713 SW 114TH PL  
Address

CAPE CORAL, FL 33914  
City, State & Zip

941-458-0832  
Daytime Telephone number

782-2551/231-515,2550  
W/00-24973

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

D. BROWN OCT 26 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

October 17, 2000

AURAL STIMULATION PRODUCTIONS  
2713 S W 11TH PLACE  
CAPE CORAL, FL 33941

SUBJECT: AURAL STIMULATION PRODUCTIONS  
Ref. Number: W00000024973

We have received your document for AURAL STIMULATION PRODUCTIONS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Bylaws are not filed with this office. Please retain them for your records.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of 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) 487-6972.

Doris Brown  
Document Specialist

Letter Number: 300A00054325

# 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:

AURAL STIMULATION PRODUCTIONS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

2713 SW 11th PL., CAPE CORAL, FL 33914

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

## ARTICLE IV SHARES

The number of shares of stock is:

ART ROONEY - PRESIDENT - 51 SHARES

THERESA ROONEY - SECT - 49 SHARES

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ART ROONEY - PRESIDENT - 2713 SW 11th PL CAPE CORAL, FL 33914

THERESA ROONEY - SECT. - 2713 SW 11th PL CAPE CORAL, FL 33914

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

THERESA ROONEY - 2713 SW 11th PL CAPE CORAL, FL 33914

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

THERESA ROONEY - 2713 SW 11th PL CAPE CORAL, FL 33914

\*\*\*\*\*  
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

Theresa Rooney - THERESA ROONEY  
Signature/Registered Agent

10-23-00  
Date

Theresa Rooney - THERESA ROONEY  
Signature/Incorporator

10-23-00  
Date

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