

PD3000033286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

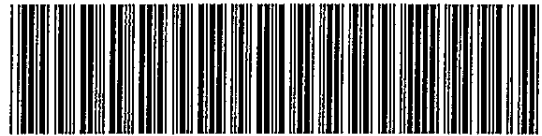
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03 MAR 19 PM 1:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Unheard Of Sound, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Emmanuel & Stacey Goodwin
Name (Printed or typed)

1427 Grant Street
Address

Hollywood, FL 33020
City, State & Zip

954-920-0700
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)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Unheard Of Sound, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1427 Grant Street
Hollywood, FL 33020

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide audio services.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Emmanuel Goodwin (P)
1427 Grant Street
Hollywood, FL 33020

Stacey Goodwin (VP)
1427 Grant Street
Hollywood, FL 33020

ARTICLE VI REGISTERED AGENT

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

Stacey Goodwin
1427 Grant Street
Hollywood, FL 33020

ARTICLE VII INCORPORATOR

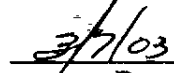
The name and address of the Incorporator is:

Raphael Martinez
P.O. Box 141
Loxahatchee, FL 33470

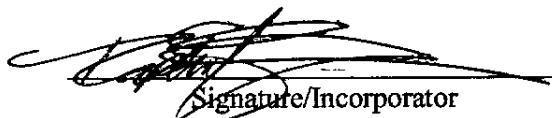
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



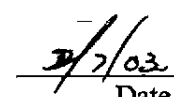
Signature/Registered Agent



Date



Signature/Incorporator



Date