

P03000038987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

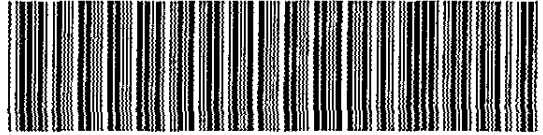
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Handwritten signature/initials

TRANSMITTAL LETTER

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

SUBJECT:

AIR WAVES 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:

SYLVESTER THOMAS

(Name of Person)

AIR WAVES

(Firm/Company)

9734 NW 143 STREET

(Address)

SUNRISE FL 33351

(City/State and Zip code)

For further information concerning this matter, please call:

SYLVESTER

(Name of Person)

at

(954) 572-7860

(Area Code & Daytime Telephone Number)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 3, 2003

SYLVESTER THOMAS
AIR WAVES
9734 NW 43RD STREET
SUNRISE, FL 33351

SUBJECT: AIR WAVES INC.
Ref. Number: W03000006056

We have received your document for AIR WAVES INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P02000029433.

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) 245-6934.

Loria Poole
Corporate Specialist
New Filings Section

Letter Number: 003A00013466

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:

DOWNCON AIR WAVES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9734 NW 43 STREET
SUNRISE FL 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EXPORTS.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

SYLVESTER THOMAS
9734 NW 43 STREET
SUNRISE FL 33351

ARTICLE VI REGISTERED AGENT

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

SYLVESTER THOMAS
9734 NW 43 STREET
SUNRISE FL 33351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SYLVESTER THOMAS
9734 NW 43 STREET
SUNRISE FL 33351

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

FILED
03 APR - 7 AM 10:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA