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(Red	questor's Name)		
(Add	dress)		
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(= 2.	-	,	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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04 JAN 20 PM 3: 56

1) 29/0,

TRANSMITTAL LETTER

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

SUBJECT:	Key West Source	d Inc.		
	(FROI OSED COM ORA)	E NAME - MOST MOD		
\$70.00	inal and one (1) copy of the artic \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Brent Litch	(Printed or typed)		
S Beechwood Dr Address				
Key West El. 33040 City, State & Zip				
(305) 292 859/ 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)	The second secon
ARTICLE I NAME The name of the corporation shall be:	FILED
· Key West Sound Inc	04 JAN 20 PM 3: 56
Key west source in	
ARTICLE II PRINCIPAL OFFICE	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The principal place of business/mailing address is:	
Rechused Dr	
Key West, fl 33040	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
for profit electionic design	
ARTICLE IV SHARES	
The number of shares of stock is:	
500	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	. , _/
List name(s), address(es) and specific title(s): Brent Likh 5 Beechwood Dr. Key West 61. 333	143 /president
Brent Likh 3 Becchief	·
ARTICLE VI REGISTERED AGENT	
	22.d/2
The name and Florida street address of the registered agent is: Brent Litch & Beechwood Dr, Key West El. 33	
Photo and a second	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	1 61 20010
The name and address of the Incorporator is: Brest Likh & Reechwood Dr., Key West	·, E/. 33J#0
Aven ziren 3 i.e	

Having been named as registered agent to accept service of process for the above stated corporatificate, I am familiar with and accept the appointment as registered agent and agree to act	poration at the place designated in this in this capacity
Don Millel	1/15/34
Signature/Registered Agent	' Date