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TRANSMITTAL LETTER

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

SUBJECT:	PROPOSED CORPORAT	Jystims,	Inc	
-	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	les 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 CO	PY REQUIRED	
FROM:		Printed or typed)		
	8960 Fylan	Point Loup address	**************************************	
	Ft. Myes, Fr.	L 33912 State & Zip		
	239-541-74	HOS elephone number	the production of the second	
Dayting Telebuone minner				

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	
Unity Audie Visual Systems, Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 8940 Fulcon Pointe Loop	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Audio Visual provider-New lawsiness	
ARTICLE IV SHARES The number of shares of stock is:	
00/	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
William Lally , Prosident	
89 60 Falcon Pointe Loup	
Fit Myers, FC 33912	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:	
William Luly	
STUD fulcan Point Loop, FT, Myers, FC 33112	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
William Lully	
f	
8948 Falcon Pointe Lose Ft. Mers FC 33912	***
Having been named as registered agent to accept service of process for the above stated corporation at the place designated i	n thi
certificate, I am farfilliar with and accept the appointment as registered agent and agree to act in this capacity 4-9-05	
Signature/Registered Agent Date	
With Inth-	
Signature/Incorporator Date	