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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09/12/05--01058--012 \*\*87.50

10/3/05 BWK  
W05-42544

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

P I R I , I N C .

(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  
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: \_\_\_\_\_

Eva Osz

Name (Printed or typed)

9920. GRACE DR #8

Address

New Port Richey FL

City, State & Zip

727-224-3021

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 13, 2005

EVA OSZ  
9920 GRACE DR. #8  
NEW PORT RICHEY, FL 34668-3520

SUBJECT: PIRI, INC.  
Ref. Number: W05000042544

We have received your document for PIRI, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.**

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) 245-6840.

Bruce W Kitchens  
Document Specialist  
New Filings Section

Letter Number: 005A00056607

**ARTICLES OF INCORPORATION  
OF  
SONADI, INC.**

FILED

05 OCT -2 AM 7:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, has executed the following document as Incorporator of the above named Corporation, a Corporation organized under the laws of the State of Florida, and all rights duties obligations of the undersigned as Incorporators, and those of the Corporation, are to be determined in accordance with the laws of the State of Florida.

**ARTICLE I**

The name of this Corporation shall be:

**SONADI, INC.**

**ARTICLE II**

This Corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

**ARTICLE III**

The general nature of the business and objects and purposes proposed to be transacted and carried on by this Corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said Corporation shall further have power:
  - To have perpetual succession by its corporation name;
  - To sue and be sued, complain, and defend in its corporate name in all actions or proceedings;
  - To have a corporate seal, which may be altered at pleasure, and to use the same by causing it, or a facsimile thereof, to be impressed, affixed, or in any other manner reproduced;
  - To purchase, take, receive, lease, or otherwise acquire, own, hold, improve, use, and otherwise deal in and with real or personal property or any interest therein, wherever situated;

#### **ARTICLE IV**

The aggregate number of shares which this Corporation shall have authority to issue is the total sum of (100) shares, having an individual par value of (\$1.00) unless otherwise stated in these Articles, or in an amendment to these Articles, there shall be only on (1) class of stock of this Corporation.

#### **ARTICLE V**

This street address of the initial registered office and the name of the initial Registered Agent of this Corporation shall be:

**Bela Osz  
9920 Grace Drive, #8  
Port Richey, FL 34668-3520**

#### **ARTICLE VI**

The initial Board of Directors shall consist of a total of three (3) persons and the name and addresses of the persons who are to serve as initial directors is:

**Bela Osz  
9920 Grace Drive, #8  
Port Richey, FL 34668-3520**

**Eva Osz  
9920 Grace Drive, #8  
Port Richey, FL 34668-3520**

**Charles T. Osz  
9920 Grace Drive, #8  
Port Richey, FL 34668-3520**

#### **ARTICLE VII**

The name and address of the Incorporator executing these Articles of Incorporation is:

**Eva Osz  
9920 Grace Drive, #8  
Port Richey, FL 34668-3520**

**ARTICLE VIII**

The principal place of the business corporation is:

**9920 Grace Drive, #8  
Port Richey, FL 34668-3520**

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this \_\_\_\_ day of September, 2005.

Eva Osz

Eva Osz

STATE OF FLORIDA       )  
                                  )SS  
COUNTY OF PASCO       )

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared **Eva Osz** known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal in the State and County aforesaid, \_\_\_\_ day of September 2005.

\_\_\_\_\_  
**Notary Public  
State of Florida**

My Commission Expires:

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

\_\_\_\_\_  
Signature of Witness

Bela OSZ  
Signature of First Party

\_\_\_\_\_  
Print name of Witness

BELA OSZ  
Print name of First Party

\_\_\_\_\_  
Signature of Witness

Eva OSZ  
Signature of First Party

\_\_\_\_\_  
Print name of Witness

EVA OSZ  
Print name of First Party

State of FLORIDA    )  
                              )SS  
County of PASCO    )

On \_\_\_\_\_ before me, \_\_\_\_\_  
appeared \_\_\_\_\_

Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary

Affian \_\_\_\_\_ Known \_\_\_\_\_ Produced ID  
Type of ID \_\_\_\_\_  
(Seal)

CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR  
DOMICILE FOR THER SERVICE OF PROCESS WITHIN THIS STATE, AGENT  
UPON WHOM PROCESS MAY BE SERVED.

FILED  
OCT -2 AM 7:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


**Bela Osz**

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with and Act:

First that **SONADI, Inc.**, desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation at **9920 Grace Drive, #8, Port Richey, FL 34668-3520** has named **Bela Osz** located at **9920 Grace Drive, #8, Port Richey, FL 34668-3520**, as its agent to accept service of process within this State.

Having been named to accept service of process for the above stated Corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By: \_\_\_\_\_

  
Bela Osz, Registered Agent