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| (Re                                     | questor's Name)   | · · · · · · · · · · · · · · · · · · · |
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| (Cit                                    | y/State/Zip/Phone | <b>≆</b> #)                           |
| PICK-UP                                 | ☐ WAIT            | MAIL                                  |
| /Du                                     | siness Entity Nar | 20                                    |
| (Bu                                     | siness Enuly Nar  | nej                                   |
| (Do                                     | cument Number)    |                                       |
| ·                                       | ·                 |                                       |
| Certified Copies                        | _ Certificates    | s of Status                           |
|   |                   |                                       |
| Special Instructions to Filing Officer: |                   |                                       |
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Office Use Only



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## **COVER LETTER**

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

| _  |  |
|--|--|
| (PROPOSED CORPORA                          | TE NAME – <u>MUST INCLUDE SUFFIX</u> )                                 |
|  |  |
| ginal and one (1) copy of the arti         | icles of incorporation and a check for:                                |
| \$78.75 Filing Fee & Certificate of Status | S78.75 S87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of |
|  | Status ADDITIONAL COPY REQUIRED  |
| 7.55001                                    |  |
| Name                                       | (Printed or typed)   |
| 927 Fern                                   | St Ste 1100  |
| •  | Address  |
| ALTAMONTE S                                | Sprwus FL 32701  |
| City,                                      | State & Zip  |
| 321 214                                    | 3208   |
|  | Teffery Name  Altamente  Status  Teffery  Plant  Altamente  City,      |

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)  | FILED ,                                    |
| ARTICLE I NAME  The name of the corporation shall be:   | 06 MAR 13 PH 3:58                          |
| SONUB INC.  | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |
| ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  927 Feru St StE 1100  ALTAMONIC Springs, FL 32701 |  |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is:   | _  |
| MACKETING   |  |
| ARTICLE IV SHARES The number of shares of stock is:   |  |
| 100   |  |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR: List name(s), address(es) and specific title(s):  | <u>S</u>                                   |
| JEFFERY ULRY 927 FERN ST. STC 1100 ALTAMONTE SPINNUS, FL 32701  | PRESIDENT                                  |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of  | the registered agent is:                   |
| JEFFERY ULLRY 927 FERN St. STE 1100 ALTANCHE SPINDS, FL 32701 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: |  |
| JEFFERY ULRY 927 FERN ST. STE 1100 PLYAMENTE SPYNOT, FL 32701   |  |
| **************************************  |  |
| A A   |  |
| - Off U   | 3/8/06<br>Date<br>3/8/06                   |
| Signature/Registered Agent  | Date                                       |
| Signal (Incompanion   |  |
| Signature/Incorporator  | Date                                       |