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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

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

SUBJECT:	7 [7] -0-	KD Sou	nds. INC	
	(PROPOSE	D CORPORA	TE NAME – <u>MUST IN</u>	NCLUDE SUFFIX)
Enclosed are an original	ginal and one (1) co	opy of the arti	cles of incorporation	and a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of	f Status	Filing Fee & Certified Cop	\$87.50 Filing Fee, y Certified Copy & Certificate of Status COPY REQUIRED
FROM:	KD Ma	Rley	(Printed or typed)	

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) <u>ARTICLE I</u> NAME The name of the corporation shall be: DJ KD -u- KD Sounds, INC. ARTICLE II PRINCIPAL OFFICE of business/mailing address is: 1504 Pollen Rd Apt B 32303 The principal place of business/mailing address is: <u>ARTICLE</u> III PURPOSE The purpose for which the corporation is organized is: Sound Reinforce mont and Disc Jackey SelviceBr ARTICLE IV SHARES The number of shares of stock is: 1 (one) INITIAL OFFICERS AND/OR DIRECTORS KD Morrley 1504 Dullen Rd B - Abesident - CEO List name(s), address(es) and specific title(s): ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: - 1504 Pullen Rd B Talkhrise TI 32303 KD Mortes INCORPORATOR ARTICLE VII The name and address of the Incorporator is: 1504 Riller Rd. B - Tallahasse, F1 32303 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/Incorporator

Signature/Incorporator

Signature/Incorporator

Signature/Incorporator