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SECRETARY OF STATE

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COVER LETTER

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

INC.	
NAME – <u>MUST INCLI</u>	UDE SUFFIX)
of incorporation and	a check for:
S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
nted or typed)	
ess	·····
e & Zip	
hone number	
	of incorporation and \$78.75 Filing Fee & Certified Copy ADDITIONAL CO

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

,ARTICLES OF	INCORPORA	TION
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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

PRO-HOME THEATERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

346 SOCRATES DRIVE DUNEDIN, FL 34698

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

ZUUTMAY -8 PH 12: 02 SECRETARY OF STATE TALL AHASSEE F. STATE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

DONALD C. FORD, III 346 SOCRATES DRIVE DUNEDIN, FL 34698 PRESIDENT

ANN FORD 346 SOCRATES DRIVE DUNEDIN, FL 34696 VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ANN FORD 346 SOCRATES DRIVE DUNEDIN, FL 34698

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

DONALD C FORD III 346 SOCRATES DRIVE DUNEDIN, FL 34698

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

originale, I am januara man and accept the appointment as registered agent unit agree	to act in this capacity
an fuel ANN FORD	5/2/2007
Signature/Registered Agent	Date
DONALD CFORD III	5/2/2007
Signature/Incorporator	Date