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COVER LETTER

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

SUBJECT: Frank's	Audio Video Services		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Fr	anklin D. Martinez		
	Name	(Printed or typed)	
	6691 Mangrove Way	Address	
	Naples, Florida 34109	State & Zip	
	239-289-6340 Daytime 7	Celephone number	

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Frank's Audio Video Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

6691 Mangrove Way, Naples, Florida 34109

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Audio and Video systems design, installation, ease of use, control and trouble shooting for the end user.

ARTICLE IV SHARES

The number of shares of stock is:

5000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Franklin D. Martinez 6691 Mangrove Way Naples, Florida 34109

ARTICLE VI REGISTERED AGENT

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

Franklin D. Martinez 6691 Mangrove Way Naples, Florida 34109

ARTICLE VII INCORPORATOR

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

Franklin D. Martinez 6691 Mangrove Way Naples, Florida 34109

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/Registered Agen

Signature/Incorporator

Date

Date ____