P11000038944

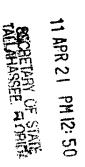
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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4/22 #47 #6

COVER LETTER

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

SUBJECT: STERED FIVE	
(PROPOSED CORPORA)	FE NAME – MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
Jamarac 954-599-92	TNC. (Printed or typed) H Address L 33320 State & Zip 243 / 954-597-6758 elephone number
E-mail address: (to be used	for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2011

STEREO FIVE INC. PO BOX 26114 TAMARAC, FL 33320

SUBJECT: STEREO FIVE INC. Ref. Number: W11000019796

We have received your document for STEREO FIVE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please complete Article(s) I.

Please return 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) 245-6995.

Jessica A Fason Regulatory Specialist II

Letter Number: 911A00008506

11 APR 21 PM 1:00
SECRETARY OF STATE

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

ARTICLE I	NAME	ſ	
The name of the co		/	
ARTICLE II	rporation shall be: PRINCIPAL OFFICE TELED F	NO INC.	
T	Principal street address 2019 SWSH Street 10xth Landeviale, 41	Mailing address, if different,	is: 3320
ARTICLE III	PURPOSE		
The purpose for w	nich the corporation is organized is:		
MUBIC &	TRUCKING TRANSportstion		
ARTICLE IV The number of shar	SHARES es of stock is: 200		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS		
		nd Title:	
Address:	PO'BAK AGIGE Addres	s:	
		\	
Name and Ti Address:	P.O. BOX 26114 Addres	s:	
	TAMARC, 7(3330		
Name and Ti Address:	lle:Name a	and Title:	
Addiess.	Addies	°	
			2 =
ARTICLE VI	REGISTERED AGENT	14S	R 2
	ida street address (P.O. Box NOT acceptable) of the regist	ered agent is:	
Name:	DRION FACEY)	
Address:	NORTH LAUDERDALE FLANCE	<u> </u>	4 75
			5
ARTICLE VII	<u>INCORPORATOR</u> <u>ress</u> of the Incorporator is:		Ο.
Name:	BRION FUCES		
Address:	8019 JW546 BIREEL		
this certificate, I an	d as registered agent to accept service of process for the c i familiar with and accept the appointment as registered ag	ent and agree to act in this capacity	/
Øs.	Required Signature/Registered Agent	4/13	8/2011
	Required Signature/Registered Agent		ite
	ment and affirm that the facts stated herein are true. I as	n aware that the false information	submitted in a
	nent and ajjirm inal the jacs salled herein are true. I a partment offState constitutes a third degree felony as provi		/
(p.	· . <i>V</i>		12001
Drin	Face Signature/Incorporator	<u> 7/18</u>	20/
•	vedanter biguarate, incorbotator	· L	aic