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(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT: Insight and Sound Solu	utions, Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation ar	nd a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: Alexander J. MacDonald Name	(Printed or typed)	
1507 Asbury Way		
A	Address	
Boynton Beach, FL, 334	126 State & Zip	
561-212-8809 Daytime To	elephone number	
insightandsoundsolutions E-mail address: (to be used	@gmail.com	notification)

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

ARTICLES OF INCORPORATION

•	In compliance with Chapter 607 and/o	SECRETARY OF A
ARTICLE I The name of the	NAME Insight and Sound Solution corporation shall be:	
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
	1507 Asbury Way Boynton Beach, FL, 33426	
	PURPOSE which the corporation is organized is: lawful business.	
ARTICLE IV The number of st	SHARES nares of stock is:100	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	
Name and	Title:Alexander J. MacDonald (CEO)	Name and Title:
Address:	1507 Asbury Way	Address:
	Boynton Beach, FL, 33426	
Name and	Title: Dawn M. Priebe (Secretary)	Name and Title:
Address:	2703 Shadow Lake Drive	Address:
	Lake Orion, MI, 48360	
Name and	Title:	Name and Title:
Address:		Address:
	REGISTERED AGENT	
The name and F	lorida street address (P.O. Box NOT acceptable) of t	he registered agent is:
Name:	Alexander J. MacDonald	
Address:	1507 Asbury Way	
	Boynton Beach, FL, 33426	
ARTICLE VII	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	Dawn M. Priebe	
Address:	2703 Shadow Lake Drive	
	Lake Orion, MI, 48360	
	med as registered agent to accept service of process , am familiar with and accept the appointment as regis	for the above stated corporation at the place designated i tered agent and agree to act in this capacity
Area Al	h.(1). //	11-1-12
	Required Signature/Registered Agent	Date
	, , , , , , , , , , , , , , , , , , , ,	
	cument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in as provided for in s.817.155, F.S.
// wine	· ·	g
רוווא א	M. Trube	11-1-12
- Number	Required Signature/Incorporator	Date
1 Mula	M Kiehe	