(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:

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COVER LETTER

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

Q Stu SUBJECT:	udio Inc		
Sebtle 1.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
	Studio Inc		
		(Printed or typed)	
29	Uptown Grayton Circle		
	A	ddress	
Sa	anta Rosa Beach, FL 32459		
	City,	State & Zip	
85	0-213-0000		

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

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

sthornton821@gmail.com

14 JAH 24 AM 8: 39

SECRUTÁRY OF STATE VISITAL E CORPORATIONS

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

RTICLE IV SHARES 100 ne number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Suzanne Pierce-Accola Name and Title: Address Name and Title: Santa Ro Design Interiors Using Tile Name and Tile Address Name and Title: Name and Title: Name and Title: Name and Title:	SECRETARY OF STATE WISH TO CORPORATIO Mailing address, I duta h 26 AM 8: 39 17-2 Uptown Grayton Circle	
RTICLE IV SHARES 100 RETICLE V INITIAL OFFICERS AND/OR DIRECTORS Suzanne Pierce-Accola Name and Title: Address Santa Rosa Beach, FL 32459 Name and Title: Address Address: Address: Address: Address: Address:		
RTICLE IV SHARES 100 he number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR DIRECTORS SUZANNE Pierce-Accola Name and Title: Address Santa Rosa Beach, FL 32459 Name and Title: Address Address: Address: Address: Address:	osa Beach, FL 32459	
Name and Title: Address Suzanne Pierce-Accola Name and Title: 17-2 Uptown Grayton Circle Santa Rosa Beach, FL 32459 Name and Title: Name and Title: Address Address: Address:	ile Surfaces	
RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Suzanne Pierce-Accola Name and Title: Address 17-2 Uptown Grayton Circle Santa Rosa Beach, FL 32459 Name and Title: Address Address Address Address: Address:		
RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Suzanne Pierce-Accola Name and Title: Address 17-2 Uptown Grayton Circle Santa Rosa Beach, FL 32459 Name and Title: Address Address Address Address: Address:		
Address: Santa Rosa Beach, FL 32459 Name and Title: Address: Address: Address: Address:		
Address: Address:		
Name and Title:Name and Title:		
Name and Title: Name and Title:		
Address Address:		

Name and Title: Name and Title: Address _____ Address: REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Suzanne Pierce-Accola Name: 17-2 Uptown Grayton Circle Address: Santa Rosa Beach, FL 32459 ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: 30-A Bookkeeping Service LLC Name: P O Box 4685 Address: Santa Rosa Beach, FL 32459 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, Lam-familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

NVISHALLISH OF STATE