## P 1500043598

(Re	equestor's Name)			
(Address)				
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(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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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

iclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00	<b>\$78.75</b>	\$78.75	<b>3</b> \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL CO	PYKEQUIKED

A: Gary Miller Name (Printed or typed)		
Name (Finited of typed)		
17317 Solie Rd		
Address		
Olaria Flanda 225-1	ुँ जै	
Odessa, Florida 33556 City, State & Zip	. <del>.</del>	777
	; <del>-</del>	
813 · 245 · 3078	· —	į-
Daytime Telephone number	; PR 1	
glmiller 75 @ gmail. com  Espail address: (to be used for future annual report notification)	. τ. τ. Σ. τ. ω	
E-pail address: (to be used for future annual report notification)		

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

	ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ICLE I NA	ME oration shall be: Sound mill Productions, Inc.	6
	ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)  ME oration shall be: Sound mill Productions INCIPAL OFFICE Principal street address  Mailing address, if different is:	() ()
91 Ora		<b>(`</b>
Ozona	nge St., Ste 415  Florida 34682	
ICIEIII DIII		
504W	d recording and related projects	
V V W	x recovering what control projects	
	•	
CICLE IV_SH	4RES 1 000	
number of share:  TICLE V INI  Name and 1	ARES s of stock is: 1,000  TIAL OFFICERS AND/OR DIRECTORS  Fitle: Gary Miller, Dir, Name and Title:  17317 Solie Rd Address:  Olessa, FL	
number of share:  FICLE V INI  Name and 1	TIAL OFFICERS AND/OR DIRECTORS  Title: Gary Miller, Dir, Name and Title:  17317 Solie Rd. Address:	
Name and T Address	TIAL OFFICERS AND/OR DIRECTORS  Fitle: Gary Miller, Dir, Name and Title:  17317 Solie Rd Address:  Odessa, FL  33556	
number of share:  FICLE V INI  Name and 1  Address	TIAL OFFICERS AND/OR DIRECTORS  Title: Gary Miller, Dir, Name and Title:  17317 Solie Rd. Address:  Odessa, FL	
Name and T	TIAL OFFICERS AND/OR DIRECTORS  Fitle: Gary Miller, Dir, Name and Title:  17317 Solie Rd. Address:  Odessa, Fl.  33556  itle: Billy Sandlin, Dir Name and Title:	
Name and T	TIAL OFFICERS AND/OR DIRECTORS  Title: Gary Miller, Dir, Name and Title:  17317 Solie Rd. Address:  Odessa, FL.  33556  itle: Billy Sandlin, Dir Name and Title:  1574 Dinnerbell Address:  Lane E  Dunedin, FL	
Name and T  Name and T  Address  Name and T  Address	TIAL OFFICERS AND/OR DIRECTORS  Fitle: Gary Miller, Dir, Name and Title:  17317 Solie Rd Address:  Odessa, FL  33556  itle: Billy Sandlin, Dir Name and Title:  1574 Dinner bell Address:  Lane E  Dunedin, FL  34698	
Name and T	TIAL OFFICERS AND/OR DIRECTORS  Fitle: Gary Miller, Dir, Name and Title:  17317 Solie Rd. Address:  Odessa, FL.  33556  itle: Billy Sandlin, Dir Name and Title:  1574 Dinnerbell Address:  Lane E  Dunedin, FL  34698	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name: Talnys Hernande  8381 Gunn Hwy  Tampa FL 336	. <b>7</b>
ezel Gunn Harr	-
Address: 838 Gunti Hwy	<u>.</u> 01 do <del>1</del>
_ lampa FL 336	<b>46</b>
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Gary Miller Address: 17317 Solie Rd	PH 12: 38
Address: 17317 Solie Rd	_
Odessa, FL 335	56
,	
ARTICLE VIII EFFECTIVE DATE:	(ORTIONAL)
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot	
days after the filing.)	
Note: If the date inserted in this block does not meet the applicable	statutory filing requirements, this date will not be listed as
the document's effective date on the Department of State's records.	
Having been named as registered agent to accept service of process	s for the above stated corporation at the place designated in
this certificate, I am familiar with and accept the appointment as rej	gistered agent and agree to act in this capacity
July Hornay	<u> </u>
Required Signature/Registered Agent	Date
I submit this document and approx that the facts stated herein are document to the Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a aware that the false information in the false i
Mus Miller	-1.1.=
Required Signature/Incorporator	
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