

P15000094428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

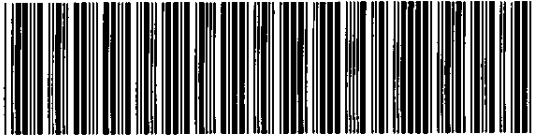
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AS NOV 24 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. *Phragmites* (Common Reed)

2015 NOV 24 AM 10:06

STATE DEPARTMENT
TALLAHASSEE, FLORIDA

NOV 24 2015

COVER LETTER

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

SUBJECT: SOUND TRANSIT INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM:

Sound Transit Inc
Name (Printed or typed)

3116 Capital Circle NE #3
Address

Tallahassee FL 32308
City, State & Zip

850-668-4925

Daytime Telephone number

Frank@verygoodcpa.com

E-mail 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)

ARTICLE I NAME

The name of the corporation shall be: SOUND TRANSIT INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3116 Capital Circle NE #3.
Tallahassee, FL 32308

Mailing address, if different is:

the same.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: do all lawful and legal business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Antwanare Jones (president) Name and Title: _____

Address: 2813 Aqua Ridge Address: _____

Tallahassee FL 32309

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Frank Rong
Address: 3116 Capital Circle NE #3
Tallahassee FL 32308

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Antwanare Jones
Address: 2813 Aqua Ridge
Tallahassee FL 32309

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/24/15 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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 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



Required Signature/Registered Agent

11/24/15
Date

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.



Required Signature/Incorporator

11/24/15
Date