

P16000013279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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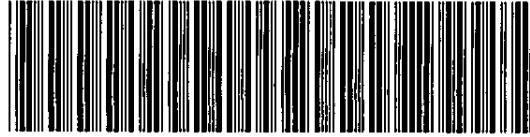
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 JAN 29 PM 2:49  
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MD 2110

## COVER LETTER

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

**SUBJECT:** Raven Audio Visual Solutions, 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:** Kurt R Morauer

Name (Printed or typed)

2153 SE Hawthorne Rd, Suite 201

Address

Gainesville, FL 32641

City, State & Zip

352-372-9330

Daytime Telephone number

kmorauer@ttsworks.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: Raven Audio Visual Solutions, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2153 SE hawthorne Rd, Suite 201

Gainesville, FL 32641

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: providing audio visual services to not-for-ptofit and for profit entities f

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kurt R. Morauer Sr, President

Name and Title: \_\_\_\_\_

Address 2153 SE hawthorne Rd, Suite 201

Address: \_\_\_\_\_

Gainesville, FL 32641

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: Kurt R. Morauer Sr. \_\_\_\_\_

Address: 2153 SE Hawthorne Rd, Suite 201 \_\_\_\_\_

Gainesville, FL 32641 \_\_\_\_\_

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STATE  
FIC

**ARTICLE VII INCORPORATOR**

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

Name: Kurt R. Morauer Sr. \_\_\_\_\_

Address: 2153 SE Hawthorne Rd, Suite 201 \_\_\_\_\_

Gainesville, FL 32641 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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

1/26/16  
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

1/26/16  
Date