

P16000017647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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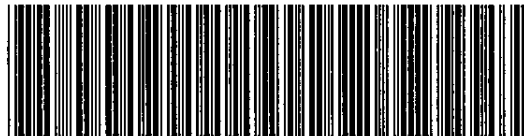
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/18/16--01003--005 **78.75

FILED
16 FEB 18 PM 12:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O'Neilgan FEB 20 2016

COVER LETTER

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

SUBJECT: SOUNDPIRE 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: DEVA BLANCHARD

Name (Printed or typed)

16109 NW 70TH TERR

Address

ALACHUA, FL 32615

City, State & Zip

352-514-8685

Daytime Telephone number

captiveeddies7@gmail.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)

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ARTICLE I NAME

The name of the corporation shall be: SOUNDPIRE INC.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16109 NW 70TH TERR

ALACHUA, FL 32615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DEVA BLANCHARD

Name and Title: LEAF BLANCHARD

Address 16109 NW 70TH TERR

Address: 16003 NW 70TH TERR

ALACHUA, FL 32615

ALACHUA, FL 32615

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: DEVA BLANCHARD
Address: 16109 NW 70TH TERR
ALACHUA, FL 32615

ARTICLE VII INCORPORATOR

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

Name: DEVA BLANCHARD
Address: 16109 NW 70TH TERR
ALACHUA, FL 32615

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TALLAHASSEE FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/15/2016 (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

Deva Blanchard 02/01/2016
Required Signature/Registered Agent 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.

Deva Blanchard 02/01/2016
Required Signature/Incorporator Date