

P/700004/488

(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:

Office Use Only



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FILED
17 MAY -8 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/10/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2016

PATRICK S. KINCY
9590 BOLDER STREET
MIRAMAR, FL 33025

SUBJECT: ACOUSTICALLY YOURS INC.
Ref. Number: W16000077655

We have received your document for ACOUSTICALLY YOURS INC. and your check(s) totaling \$80.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

You must list at least one incorporator with a complete business street address.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 016A00024637

COVER LETTER

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

SUBJECT: ACOUSTICALLY YOURS 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: PATRICK S. KINCY

Name (Printed or typed)

9590 VOLDER STREET

Address

MIRAMAR, FLORIDA 33025

City, State & Zip

786-389-6132

Daytime Telephone number

KINCYPATRICK@YAHOO.COM

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

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

October 12, 2016

Patrick S. Kincy
9590 Bolder Street
Miramar, FL 33025

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Sir,

As per our conversation, this letter is to release the name ACOUSTICALLY YOURS, INC/ document number P15000047938 to myself. Patrick S. Kincy.

Thank you in advance for your prompt attention to this matter.

Sincerely,



Patrick S. Kincy

Attachments

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TALLAHASSEE, FLORIDA

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: ACOUSTICALLY YOURS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

PATRICK S. KINCY

9590 BOLDER STREET

MIRAMAR, FLORIDA 33025

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROMOTIONAL R&B MUSIC COMPANY

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PATRICK S. KINCY, CEO

Address 9590 BOLDER STREET

MIRAMAR, FLORIDA 33025

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

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: PATRICK S. KINCY
Address: 17325 N W 27TH AVENUE, SUITE 101
MIAMI GARDENS, FL 33056

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: PATRICK S. KINCY
Address: 17325 N W 27TH AVENUE, SUITE 101
MIAMI GARDENS, FLORIDA 33056

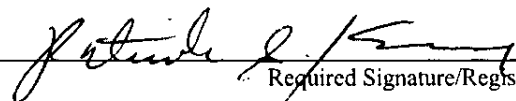
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

4/25/17
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

4/25/17
Date