

P21000096789
 2011-15 2020 GMT
 Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000422097 3)))



H210004220973ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
 Account Number : I20000000146
 Phone : (305)444-4994
 Fax Number : (305)444-4977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
 SOUND MGMT INC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 15 2021

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 MGMT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
2020 ALTA MEADOWS LN, APT. 505
DELRAY BEACH, FL 33444

Mailing address, if different is:

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JONATHAN T. HOPSON, PRESIDENT

Address: 2020 ALTA MEADOWS LN, APT. 505
DELRAY BEACH, FL 33444

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
21 NOV 15 AM 9:45

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: JONATHAN T. HOPSON
Address: 2020 ALTA MEADOWS LN, APT. 505
DELRAY BEACH, FL 33444

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JONATHAN T. HOPSON
Address: 2020 ALTA MEADOWS LN, APT. 505
DELRAY BEACH, FL 33444

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

Jonathan Hopson
Required Signature/Registered Agent

11/12/2021

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.

Jonathan Hopson
Required Signature/Incorporator

11/12/2021

Date