

P220000001194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

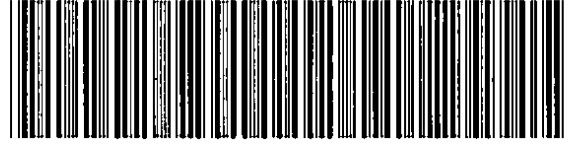
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2022 JAN -7 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FL

2022 JAN -5 PM 3:38

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1/11/22

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

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**PLEASE USE FUNDS FROM ACCT : I20210000160 AMOUNT : : 70.00**

**Authorized Signature:**

*James R. Holman*

**Soundflower Inc.**

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**Business Name**

**Document Number**

☐ **Certified copy of original articles and any amendments**

☐ **Pick up time** \_\_\_\_\_

☐ **Certificate of Status**

☐ **Will wait**

**NEW FILINGS**

☐ **Profit**

☐ **Not for Profit**

☐ **Limited Liability**

☐ **Domestication**

☐ **CONVERSION**

☒ **CORP**

**AMMENDMENTS**

☐ **Amendment**

☐ **Resignation of R.A.**

**Officer/Director**

☐ **Change of Registered Agent**

☐ **Dissolution/Withdrawal**

☐ **Merger**

☐ **Correction**

**OTHER FILINGS**

☐ **Annual Report**

☐ **Fictitious Name**

☐ **APOSTIL (**

**Country**

**REGISTRATION/QUALIFICATIONS**

☐ **Foreign filing**

☐ **Limited Partnership**

☐ **Reinstatement**

☐ **Declaration**

☐ **Other**

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

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

SUBJECT: Soundflower 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: Maya Phipps

Name (Printed or typed)

336 MARLBOROUGH PL

Address

West Palm Beach, Florida 33405

City, State & Zip

(888) 650-3738

Daytime Telephone number

accounting@phippsint.com

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 6, 2022

FLORIDA CAPITAL COURIER

SUBJECT: SOUNDFLOWER INC.  
Ref. Number: W22000001276

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

The Signatures are not legible needs to be darker.

Please return 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.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 522A00000347

RECEIVED  
2022 JAN - 7 AM 10:00  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

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: Soundflower Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
336 MARLBOROUGH PL  
West Palm Beach, Florida 33405

Mailing address, if different is:  
336 MARLBOROUGH PL  
West Palm Beach, Florida 33405

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Maya Phipps- Director

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

Address 336 Marlborough PL, West Palm Beach  
FL, 33405

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

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: Maya Phipps

Address: 336 MARLBOROUGH PL

West Palm Beach, Florida 33405

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Maya Phipps

Address: 336 MARLBOROUGH PL

West Palm Beach, Florida 33405

**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

1/5/2022

\_\_\_\_\_  
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

1/5/2022

\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FL

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FILED