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Florida Department of State
Division of Corporations
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To:

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

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Account Name : ALLSTATE CORPORATE SERVICES CORP
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

Audio Visual Professional Inc.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

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Corporate Filing Menu

Help

- (((H22090108838 3)))

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Audio Visual Professional Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address
1746 East Silver Star Road #145, Ocoee, FL 34761

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Audio Visual Equipment Installation and Any Lawful Purposes**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Ciaran Hamilton, PresidentAddress: 27631 Nopales
Mission Viejo, CA 92692

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

- (((H22000108838 3)))

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Registered Agent Solutions, Inc.
 Address: 155 Office Plaza Dr. Suite A
Tallahassee, FL 32301

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Ciaran Hamilton
 Address: 27631 Nopales
Mission Viejo, CA 92692

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*Steven Weiss, Assistant Secretary

Required Signature/Registered Agent

2/21/2022

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.*Ciaran Hamilton

Required Signature/Incorporator

2/21/2022

Date

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 TALLAHASSEE, FLORIDA