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



Tallahassee, FL 32314			*** (O. ()	7
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\$70.00 \$78.75 Filing Fee & Certificate		☐ \$131.25 Filing Fee, Certified Copy & Certificate		
	ADDITIONAL COPY REQUIRED			
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	ER Name (Pr	©\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	red corporate name - must include suffix) re articles of incorporation and a check for: \$122.50 \$131 Filing Fee Filing F & Certified Copy Certifie & Certi ADDITIONAL COPY REQU ER ALPIAR Name (Printed or typed)	red corporate name - must include suffix) the articles of incorporation and a check for: \$\sqrt{1}\frac{1}{2}\frac{1}

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

Daytime Telephone number



ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

NAME ARTICLE I

The name of the corporation shall be:

BUSINESSOUNDS, INC.

PRINCIPAL OFFICE ARTICLE II

The principal place of business and mailing address of this corporation shall be:

13700 SW. 74 ct. MIAMI, FL 33158

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

CHRISTOPHER K. ALPIAR MIAMI, FL. 33158

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

CHILISTOPHOL L. ALPIAN 13700 SW. 74 CF MIAMI, FL. 33158 EFFECTIVE DATE

INCORPORATION of BUSINESSOUNDS, INC. 15

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent