Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: (Proposed corporate name - must include suffix)

\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
EDOM	HB Stia	ers	9
FROM:		(Printed or typed)	
	245 8. 1	Dirginia St	
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	Tall, ci	FL 32301 ty, State & Zip	
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NOTE: Please provide the original and one copy of the articles.

*****70.00 *****70.00

ARTICLES OF INCORPORATION

<u>OF</u>

SONO SOLUTIONS, INC.

ARTICLE ONE - NAME

The name of this corporation is Sono Solutions, Inc.

ARTICLE TWO - DURATION

This corporation shall exist perpetually.

ARTICLE THREE - CAPITAL STOCK

This corporation is authorized to issue 100 shares of common stock valued at one dollar (\$1.00) per share.

ARTICLE FOUR - PURPOSE

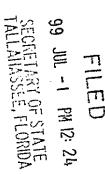
This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE FIVE - ADDRESS OF CORPORATION

The address of the principal office, and the mailing address of the corporation is 999 Cattleman Road, Suite C-2, Sarasota, Florida 34232.

ARTICLE SIX - INITIAL REGISTERED AGENT

The street address of the initial registered office of this corporation is 245 E. Virginia Street, Tallahassee, Florida 32301, and the name of the initial registered agent at that address is H.B. Stivers.



<u>ARTICLE SEVEN - MANAGEMENT BY SHAREHOLDERS</u>

All corporate powers shall be exercised by or under the authority of, and the business and affairs of this corporation shall be managed under the direction of the shareholders of this corporation.

ARTICLE EIGHT - SUBSCRIBER

The name and address of the person signing these articles is:

H.B. Stivers 245 East Virginia Street Tallahassee, Florida 32301

ARTICLE NINE - AMENDMENTS

This corporation reserves the right to amend or appeal any provisions contained herein.

IN WITNESS WHEREOF the undersigned subscriber has executed these Articles of Incorporation this $30^{\frac{12}{2}}$ day of June, 1999.

H.B. STIVERS Subscriber

STATE OF FLORIDA)

COUNTY OF LEON)

I HEREBY CERTIFY that before me, an officer duly authorized in the state and county aforesaid to take acknowledgments, personally appeared H.B. Stivers, to me known to be the person described in and who executed the foregoing Articles of Incorporation.

WITNESS my hand and official seal in the county and state last aforesaid, this 30^4 day of June, 1999.

NOTARY PHRI IC

(SEAL)

ACCEPTANCE OF APPOINTMENT AS RESIDENT AGENT:

TRACY N. MILLER

MY COMMISSION # CC 607818

EXPIRES: December 16, 2000

Bonded Thru Notary Public Underwriters

H.B. STIVERS