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•				
(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:				



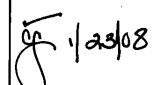


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08 JAN 22 PH 4: 37

SECRETARY OF STATE SIVISION OF CORPORATIONS



COVER LETTER

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JAN 22 PH 4: 37

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

SUBJECT:	HORE INVESTIGATION	tments Ir	nc .	
	(PROPOSED CORPOR	RATE NAME – <u>MUST INCL</u>	<u>.ude suffix</u>)	
Enclosed are an orig	ginal and one (1) copy of the a	rticles of incorporation and	d a check for:	
\$70.00 Filing Fee	Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
FROM:	Venice hee	ne (Printed or typed)	·	
	840 NW 3	8th AJe Address		
	Ft. Lauder	dale, Fl 333 ty, State & Eip	,11	
(954) 850-9015 Daytime Telephone number				

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
The name of the corporation shall be:	08 JAN 22 PH 4: 37
hore Investments Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 840 Nw 3840 Ave Ft. Laud, Fl 33311	ţ
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Investing in Real Estate and	d Automobiles
ARTICLE IV SHARES The number of shares of stock is:	
100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
Oral Keen-President	
Venice Keen - Secretary	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the re	egistered agent is:
Oral Keen	oblished age.ii is.
840 NW 38th Ave	
Ft. Land: 1 F1 33311	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Oral Keen	
840 NW 38th Are Ft. Loud. Fl 33311	**********
Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to	
	1117108
Keen Signature/Registered Agent	Date
de .	1117/08
Signature/Incorporator	Date
V = = ^ ·	

1 17 08 Date 1 17 08 Date

Oral Keen

Signature/Incorporator