

P12000091715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

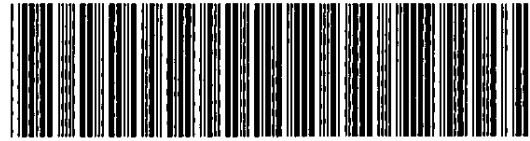
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300241042313

EFFECTIVE DATE 1-1-13

10/22/12--01033--012 **70.00

12 OCT 31 AM 10:51
REGISTRY OF CORPORATIONS
DIVISION OF CORPORATIONS

Handwritten signature and date: 10/22/12



RECEIVED

12 OCT 31 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2012

CYNTHIA COPE
2303 PARROTT AVENUE, SUITE B
OKEECHOBEE, FL 34974

SUBJECT: CC ENTERPRISES, INC.
Ref. Number: W12000054166

We have received your document for CC ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Pamela Smith
Regulatory Specialist II

Letter Number: 212A00025999

COVER LETTER

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

SUBJECT: Parrott Avenue Gold Buyers, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Cynthia C. Cope
Name (Printed or typed)

2303 US Hwy 441-Suite B
Address

Okeechobee, FL 34974
City, State & Zip

(772) 925-9180
Daytime Telephone number

c.cope@live.com
E-mail address: (to be used for future annual report notification)

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

The name of the corporation shall be: Parrott Avenue Gold Buyers, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 OCT 31 AM 10:52
Mailing address, if different is:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2303 US HWY 441 SE
Suite B
Okeechobee, FL 34974

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To open a gold buying business.

EFFECTIVE DATE 1-1-13

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cynthia C. Cope Name and Title: _____
Address: 2303 US Hwy 441 SE Address: _____
Suite B _____
Okeechobee, FL 34974 _____

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: Cynthia C. Cope
Address: 2303 US Hwy 441 SE-Suite B
Okeechobee, FL 34974

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cynthia C. Cope
Address: 2303 US Hwy 441 SE-Suite B
Okeechobee, FL 34974

* Effective Date of
Incorporation - 01/01/2013 *

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

Cynthia C. Cope

Required Signature/Registered Agent

10/29/12

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.

Cynthia C. Cope

Required Signature/Incorporator

10/29/12

Date