Nie	
Certificate of Status Desired: No	
24/2017	
Date	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAUREN H LUTGENS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P9700002841

Entity Name: INLAND ENTERPRISES, INC.

Current Principal Place of Business:

5517 SEABOARD AVE JACKSONVILLE, FL 32244

Current Mailing Address:

5517 SEABOARD AVE JACKSONVILLE, FL 32244 US

FE

Na

FILED Apr 24, 2017 **Secretary of State** CC3211062451

PRESIDENT

Date