PADDO00053887

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

Liza Jane Enderprizes, Inc.

SUBJECT:	(Proposed cor	porate name - must include suf	Π̈́x)	
•				
Enclosed is an original ar	nd one(1) copy of the arti	cles of incorporation and a	check for:	
⋈ \$70.00 Filing Fee	\$78.75 Filing Fee	□\$122.50 Filing Fee	☐ \$131.25 Filing Fee,	
	& Certificate	& Certified Copy	Certified Copy & Certificate	
		ADDITIONAL COPY REQUIRED		
FROM:	Lisa Ta	MP/4n (Printed or types)	DO MAY 25 AM II: 19 SECRETARY OF STATE TALLAHASSEE, FI CARE	
_	6927 W.	11:yns Dr. Address	SEE, FLOR	
1	TAMPA	FL 33634 ity, State & Zip	नुत्र ७	: == . 7
-	C	ity, State & Zip	· •	• •
·	813- Daytim	889-8236 te Telephone number		
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SA JAMPICA GA	AVE TO	٠	-05/25/00010750 *****70.00 *****7	
6-5-00		•	·	
EXAM /1960	• • • • •	e original and one copy o	of the articles.	

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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.

<u>ARTICLE I</u> NAME

The name of the corporation shall be:

(420 TOWNENTERPRISES INC.

<u>ARTICLE II PRINCIPAL OFFICE</u>

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

6927 W.Lliams Dr.

TAMPA, FL 33634

SHARES

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

ONE THOMAND (1000)

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

LISA TAMPLIN

6927 Williams Dr.

TAMPH, PC 3363Y INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

LISH TAMPLIN 6927 W. 11. Ams Dr.

TAMPA, FC 33634

(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