

TRANSMITTAL LETTER

P00000111715

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

FILED
00 NOV 30 PM 3: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-11/30/00--01073--010
*****78.75 *****78.75

SUBJECT: Autumn Enterprises, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: John D. McCoy
Name (Printed or typed)

1697 Avocado Ave.
Address

Melbourne FL 32935
City, State & Zip

321-752-1102
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

The name of the corporation shall be:

Autumn Enterprises, Inc.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1697 Avocado Ave.

Melbourne FL 32935

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR Profit Corporation

ARTICLE IV SHARES

The number of shares of stock is:

1000 AT 1 dollar par value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

D "John McCoy"

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

John McCoy

1697 Avocado Ave

Melbourne FL 32935

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

John McCoy

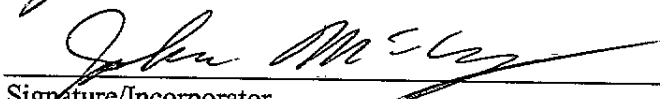
1697 Avocado Ave

Melbourne FL 32935

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

 John McCoy

11-28-00
Date


JOHN MCCOY

11-28-00
Date