

PO1000002710

TRANSMITTAL LETTER

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

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

200003529262--0  
-01/09/01--01031--001  
\*\*\*\*128.75 \*\*\*\*\*78.75

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: Devendra Patel  
Name (Printed or typed)

SS37 Executive Dr # C-1  
Address

New Port Richey FL 34652  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JAN -9 AM 7:42

APPROVED  
AND  
FILED

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

01 JAN -9 AM 7:33

RECEIVED

Handwritten initials and a circled number 2.

**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:

WYNORE ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

P.O BOX 1751  
Apopka, FL 32704

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

N/A

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

P.V.T. Devendra Patel → 5537 Executive Dr  
S. AL Jamal → # C-1  
New Port Richey, FL  
34652

ARTICLE VI REGISTERED AGENT

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

Devendra Patel  
5537 Executive Dr # C-1  
New Port Richey, FL 34652

ARTICLE VII INCORPORATOR

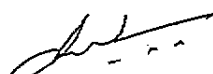
The name and address of the Incorporator is:

Devendra Patel  
5537 Executive Dr # C-1  
New Port Richey, FL 34652

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

1-8-01  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

1-8-01  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED