## TRANSMITTAL LETTER POI COSCIONATION OF TRANSMITTAL LETTER

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

SUBJECT:	Carmo Enterprises, Inc.		
	(Proposed corporate name – must in	400	0040774941 -04/25/0101062024 *****70.00 *****70.00
Enclosed is an original	and (1) copy of the articles of in	acorporation and a check for:	
₹ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL COPY R	S87.50 Filing Fee, Certified Copy & Certificate of Status EQUIRED
	FROM: William Schacht Name (Printed or Typed)  3501 W. Vine Street #272		01 APR SECRETA
	Address  Kissimmee, FL 34741  City, State & Zip  (407) 944-4310		FILED  APR 25 PN 4: 20  CRETARY OF STATE LAHASSEE, FLORIDA

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

Daytime Telephone number

### ARTICLES OF INCORPORATION (FLORIDA)

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I - Name

The name of the corporation shall be: Carmo Enterprises, Inc.

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#### ARTICLE II - Principle Office

The principal place of business and mailing address of this corporation shall be: 66#Dromedary Court, Poinciana, FL 34759

#### ARTICLE III - Shares

The number of shares that this corporation is authorized to have outstanding at any one time is: 1,000,000

#### ARTICLE IV - Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent is: Justin Carmo, 66/Dromedary Court, Poinciana, FL 34759

#### ARTICLE V - Incorporator

The name and address of the incorporator to these Articles of Incorporation are: Justin Carmo, 664 Dromedary Court, Poinciana, FL 34759

Signature of Incorporator

Date

Having 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 of Registered Agent

Date'