P0200000 9303

TRANSMITTAL LETTER

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

SUBJECT: __First Atlantic Enterprises , Inc.__
(PROPOSED CORPORATE NAME – __MUST INCLUDE SUFFIX__)

Enclosed are 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: __Dennis Gordon__
Name (Printed or typed)

__10400 Sheffield Rd.__
Address

__Spring Hill , Fl 34608__
City, State & Zip

7000047891 77--8
-01/22/02--01099--017
*****78.75 *****78.75

__352-686-8777__
Daytime Telephone number

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

1/28

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:

First Atlantic enterprises , Inc .

ARTICLE II   PRINCIPAL OFFICE

The principal place of business/mailing address is:

10400 Sheffield Rd.
Spring Hill , Fl. 34608

ARTICLE III   PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV   SHARES

The number of shares of stock is:

10000

ARTICLE V   INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Dennis Gordon Pres.
10400 Sheffield Rd.
Spring Hill , Fl 34608

Joseph Tinerino V.P.,Sec. , Treasurer
12611 Ashmore Green Dr. N.
Jacksonville, Fl 32246

ARTICLE VI   REGISTERED AGENT

The **name and Florida street address** of the registered agent is:
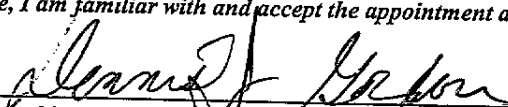
Dennis Gordon
10400 Sheffield Rd.
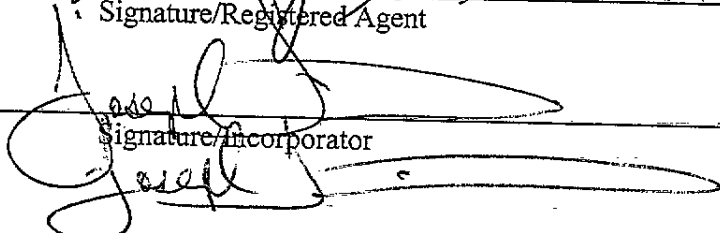Spring Hill, Fl. 34608

ARTICLE VII   INCORPORATOR

The **name and address** of the Incorporator is:

Joseph Tinerino
12611 Ashmore Green Dr. N.
Jacksonville, Fl. 32246
****

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

1/10/02
Date

_____
Signature/Incorporator

1/10/02
Date

1/10/02