# Pod-0001174-14

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(Address)				
(Address)				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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911,

# TRANSMITTAL LETTER

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

SUBJECT: AN	ITA MOORE INC.			
,	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:	
□ \$70.00	<b>☑</b> \$78.75	□ \$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
1 ming 1 cc	& Certificate of Status	& Certified Copy		
	& Certificate of Status	& Certified Copy	& Certificate of	
			Status	
		ADDITIONAL CO		
		ABBITIONALCO	N 1 REQUIRED	
FROM:	ANITA MOORE			
71(01)1.	Name (Printed or typed)			
		a		
	1464 WELLINGTON CIRCLE			
	Address			
	ROCKLEDGE FLORIDA 32955-4321			
,	City	, State & Zip	<u> </u>	
	(004) 000 7404			
	(321) 633-7464			
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:

ANITA MOORE INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1464 WELLINGTON CIRCLE ROCKLEDGE, FL 32955-4321

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING

#### ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Anita Moore 1464 Wellington circle Rockledge FL 32955-4321

#### ARTICLE VI REGISTERED AGENT

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

Anita Moore 1464 Wellington Circle Rockledge FL 32955-4321

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Anita Moore 1464 Wellington Circle Rockledge FL 32955-4321

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