# P03000057174

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
•		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
:		
	Office Lies Only	,
	Office Use Only	<b>,</b>



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CECRETARY DE STAR

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# TRANSMITTAL LETTER

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

SUBJECT:	SonnyEn	sley P.A.					
(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 \$\$87.50  Filing Fee Filing Fee, & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED					
FROM:	Walter E	Printed or typed)					
6308 Chery Street							
	Orlando City,	State & Zip 32819					
	407-352-5800 x 305  Daytime Telephone number						

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

ARTICI	ES OF	INCOR	PORA	TION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Sonny Ensley P.A.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6308 Cheryl St., Orlando, FL. 32819

The purpose for which the corporation is organized is:

residential and commercial Keal Estate sales including

The number of shares of stock is:

100

# INITIAL OFFICERS/DIRECTORS (optional)

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

# REGISTERED AGENT

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

Orlando, FL-32817 RTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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/Incorporator