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| (Requestor's Name) | |
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| PICK-UP WAIT | MAIL |
| | |
| (Business Entity Name) | |
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| (Document Number) | |
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| Certified Copies Certificates of Statu | ıs |
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| Special Instructions to Filing Officer: | |
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Office Use Only



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TRANSMITTAL LETTER

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

\$70.00

Filing Fee

\$78.75

Filing Fee

| SUBJECT: _ | MARCONE | ENTERPRISES | INC. |
|------------|-------------|---------------------------|-------------|
| | (PROPOSED C | ORPORATE NAME - MUST INCL | UDE SUFFIX) |
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Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

| • | & Certificate of Status | & Certified Copy | & Certificate of | | |
|---------|---------------------------|--------------------|-----------------------|-------|------|
| | | ADDITIONAL CO | Status PY REQUIRED | | |
| | | | | | |
| FROM: _ | JOSÉ MARCONE O | | | | |
| | Name | (Printed or typed) | | 40 | Ξ.,, |
| | 1339 WATERWAY COU | edr | · | | |
| | | | | သ | |
| | WELLING FON, FL City, | 33414 | | | |
| | City, | State & Zip | | 2: 49 | |
| | (561) 7931899 Davime T | elephone number | | 9 | () |

□ \$78.75

Filing Fee

□ \$87.50

Filing Fee,

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: CERTIFICATION, DOC DU DA - OLIVEIRA ENTERPRISES, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1339 WATERWAY COVE DRIVE WELLINGTON, FL 33414 ARTICLE III PURPOSE The purpose for which the corporation is organized is: TO TEACH INTERNATIONAL LANGUAGES, TEACH SOCCER, PROPERTY MAINTENANCE ARTICLE IV SHARES The number of shares of stock is: 10D ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): DJOSÉ MARCONE OLIVEIRA, PRESIDENT, 1334 WATERWAY COUE D'RIVE, WELLINGTON, FL 334 DARIANA DUDA OLIVEIRA, VICE PARSIDENT 1339 WATERWAY COVE D'RIVE, WELLINGTON, FL 3341 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: JOSE MARCONE OLIVEIRA 1339 WATERWAY COUE DRIVE WELLINGTOD, FL 33414 ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: JOSE MARCONE OLIVEIRA WELLINGTON, FL 33414 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