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PICK-UP	☐ WAIT	MAIL
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4/4/05 BUL WOS-15490

### TRANSMITTAL LETTER

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

SUBJECT: MOTH	RA ENTERPRISES, INC. (PROPOSED CORPORA)	FE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	eles 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
EDOM: V	CKI P. ROBERTS-ANTONIO	ADDITIONAL CO	PPY REQUIRED
FROM:	Name (	(Printed or typed)	
-	16359 SW 54th CT	Address	
<u>!</u>	MIRAMAR, FL 33027 City,	State & Zip	
<u>:</u>	954-817-4433 Daytime To	elephone number	

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



PECEIVED

## FLORIDA DEPARTMENT OF STATE OF APR -4 AM 8: 17 Glenda E. Hood

Secretary of State

March 25, 2005

VICKI P. ROBERTS-ANTONIO 16359 SW 54TH CT MIRAMAR, FL 33027

SUBJECT: MOTHRA ENTERPRISES, INC.

Ref. Number: W05000015490

We have received your document for MOTHRA ENTERPRISES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please name a Registered Agent and Incorporator in Articles VI and VII.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6840.

Bruce W Kitchens **Document Specialist** New Filings Section

Letter Number: 905A00020660

#### ARTICLES OF INCORPORATION

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

05 APR -4 PM 12: 36

SEUGLIANT OF STATE TALLAHASSEE FLORIDA

#### ARTICLE I NAME

The name of the corporation shall be:

MOTHRA ENTERPRISES, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 16359 SW 54th Ct Miramar, FL 33027

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: General Business

#### ARTICLE IV SHARES

The number of shares of stock is: 1000

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Vicki P. Roberts-Antonio 16359 SW 54th Ct Miramar, FL 33027

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Vicki P. Roberts-Antonio 16359 SW 54th Ct Miramar, FL 33027

#### ARTICLE VII INCORPORATOR

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

Vicki P. Roberts-Antonio 16359 SW 54th Ct Miramar, FL 33027

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

Signature/Incorporator

Date

Tota