## P05000132493

(Red	questor's Name)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	* <u></u>
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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05 SEP 28 PN 12: 55
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05 SEF 28 PM 2: 50

9-28-25

## **COVER LETTER**

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

SUBJECT: X	O Connell E	nt. Inc.	
	(PROPOSED CORPORA		
□ \$70.00 Filing Fee	\$\frac{1}{2}\$\$78.75  Filing Fee  & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Name	(Printed or typed)  Orib Dr.  Address	
-	Tallahasseo City,  (941) 250  Daytime 7	Flc. 37309 State & Zip	

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

ARTICLES OF INCORPORA In compliance with Chapter 607 and/o			
ARTICLE I NAME  The name of the corporation shall be:	B. O'Convell I	Enterprises In	
ARTICLE II PRINCIPAL OF The principal place of business/mailing	g address is:	rib Dr., Fla, 52309	
ARTICLE III PURPOSE  The purpose for which the corporation	n is organized is:	ü	
	_	inshellations _	,
ARTICLE IV SHARES The number of shares of stock is:	œ	IALL AHAS:	<b>5</b> SEP 28
ARTICLE V INITIAL OFFICE List name(s), address(es) and specific Brian CiCo			PH IZ: 55
ARTICLE VI REGISTEREL The name and Florida street address  Brian Otoma  3017 Corrib T	(P.O. Box NOT acceptable)	of the registered agent is:	
ARTICLE VII INCORPORAT  The name and address of the Incorpor	<u>OR</u>		
	Pallaharre Fla		
**************************************	**********	*********	************** ace designated in this
certificate. I am familiar with and accept the			
1200		9/28/0	25
Signature/Registered Agent		Date	:
	<b>7</b> .	(1/29/~	<i>C</i>

Signature/Incorporator