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COVER LETTER

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

SUBJECT:	4 weralo	CoastEnte	opcize	Inc	
		(PROPOSED COR	PORATE NAME -	MUST INCLUDE	SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

□ \$70.00 □ \$78.75 □ \$87.50

Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy & Certificate of & Certificate of

Status
ADDITIONAL COPY REQUIRED

FROM: Daniel Hast
Name (Printed or typed)

16 Universal Daniel Address

Crawpordville SI 32327

City, State & Zip

Davime Telephone number

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

, }	w 🖈			
	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:			
	Emerald Coast Enterprize Frc.			
	ARTICLE II PRINCIPAL OFFICE			
	The principal place of business/mailing address is:			
	16 universal Dr.			
	Crawfordulle F1.32327			
	V			
	ARTICLE III PURPOSE The purpose for which the corporation is organized is:			
		3 844		
	Any and all lawful Businesses		8	
		55	25	
	ARTICLE IV SHARES	S	06 APR -3	***
	The number of shares of stock is:	SE		
	100	DAYY OF STATE	3	teri to de to de to de
	ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	30 I	ယ္သ ဤ	11.6.0
	List name(s), address(es) and specific title(s):	E L	58	
	Doniel Hart 16 universal Dri Crawfordville 5132327	-		
	16 universal Dri			
	Crawhorduille 5/3232 T			
	Presa			
	ARTICLE VI REGISTERED AGENT			
	The name and Florida street address (P.O. Box NOT acceptable) of the registered ager	nt is:		
	Daviel Hart			
	16 Universal De			
	Crawforduille \$132327			
	ARTICLE VII INCORPORATOR			
	The name and address of the Incomprator is:			
	Same Veniel Hart 16 universal Dr			
	Same 16 universal Dr			
	Crawfordville (1.32327			
	**************************************	*****	****	*****
	Having been named as registered agent to accept service of process for the above stated corporation at a		desig	nated in this
	certificate, I am familiar with and accept the appointment as registered agent and agree to act in this cap	acity		
	11.9 1 Hart	-06		
	Signature/Registered Agent	Date		-
		3-0 <i>6</i>	<u>, </u>	
	_ 	_		_
	Signature/Incorporator €	Date		