

P06000068128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

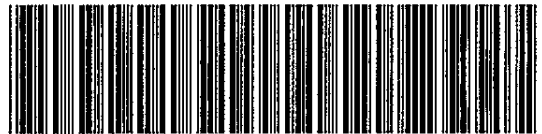
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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U.S. (2/06)--01064--019 **87.50

SECRET
TALLAHASSEE, FLORIDA

06 MAY 15 PM 1:54

FILED

CB 5-16-06

COVER LETTER

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

SUBJECT: GAMMA, INC
(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
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: POLYTINI VASILAKOU-ENNENEGGER
Name (Printed or typed)

2049 N. POINTE ALEXIS DR
Address

TARPON SPRINGS, FL 34689
City, State & Zip

(727) 452-5937
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2006

POLYTIMI V. EMMENEGGER
2049 N PT ALEXIS DR
TARPON SPRINGS, FL 34689

SUBJECT: GAMMA, INC
Ref. Number: W06000012370

We have received your document for GAMMA, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6925.

Cynthia Blalock
Document Specialist
New Filing Section

Letter Number: 106A00017568

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:

HELLENIC ENTERPRISES, INC

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MAY 15 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2049 N. POINTE ALEXIS DR
TARPON SPRINGS, FL 34689

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY
LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT

POLYTINI VASILAKOU-ENMENEGER
2049 N. POINTE ALEXIS DR
TARPON SPRINGS, FL 34689

ARTICLE VI REGISTERED AGENT

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

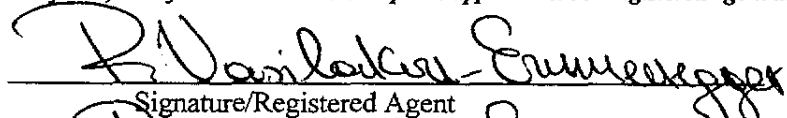
POLYTINI VASILAKOU-ENMENEGER
2049 N. POINTE ALEXIS DR
TARPON SPRINGS, FL 34689

ARTICLE VII INCORPORATOR

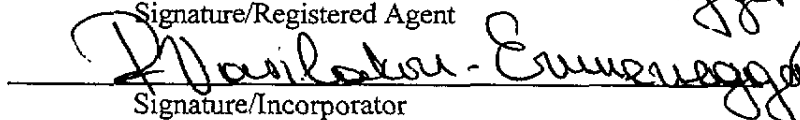
The name and address of the Incorporator is:

POLYTINI VASILAKOU-ENMENEGER
2049 N. POINTE ALEXIS DR
TARPON SPRINGS, FL 34689

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

5/10/06
Date


Signature/Incorporator

5/10/06
Date