

PO6000079753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

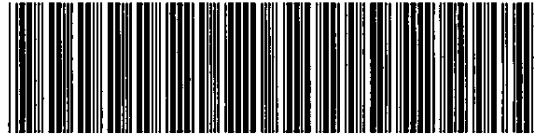
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
06 JUN -9 AM 9:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/4

COVER LETTER

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

SUBJECT: EniTo GROUP 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: EniTo GROUP INC

Name (Printed or typed)

1082NE 176TER

Address

NORTH MIAMI FL 33162

City, State & Zip

305-761-0768

Daytime Telephone number

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:

EniTo GROUP INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1082 NE 176 TER
North Miami FL, 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDING TEMPORARY HOMES FOR YOUTHS AND ADULTS

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Toyin Ayodele (Director)
1082 ne 176 ter
North Miami FL, 33162

Anne Eniola Adegbam (Director)
18805 NW 42nd place
Miami Gardens FL, 33055

ARTICLE VI REGISTERED AGENT

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

Toyin Ayodele
1082 ne 176 ter
North Miami FL, 33162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Toyin Ayodele
1082 ne 176 ter
North Miami FL, 33162

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



Date

FILED
06 JUN -9 AM 9:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA