

PO6000099778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

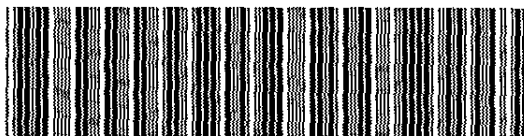
(Business Entity Name)

(Document Number)

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2006 JUL 31 PM 4:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PO6-3543

T. Hampton JUL 31 2006

## COVER LETTER

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

SUBJECT: MOVERE ENTERPRISES

(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: Monique Haughton Worrell

Name (Printed or typed)

1906 Hillcrest Street

Address

Orlando, Florida 32803

City, State & Zip

407-467-5055

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

06 JUL 31 PM 4:17

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

July 19, 2006

MONIQUE HAUGHTON WORRELL  
1906 HILLCREST ST  
ORLANDO, FL 32803

SUBJECT: MOVERE ENTERPRISES  
Ref. Number: W06000031843

We have received your document for MOVERE ENTERPRISES and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6855.

Tammy Hampton  
Document Specialist  
New Filing Section

Letter Number: 106A00046239

**ARTICLES OF INCORPORATION**

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

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

MOVERE Enterprises *Incorporated*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1906 Hillcrest Street Orlando FL 32803

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide service to the public.

**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):

Monique Haughton Worrell - Chief Executive Officer/ President

LeVere Worrell Jr. - Vice President

Ina Haughton - Secretary

Ansel Haughton Sr. - Treasurer

**ARTICLE VI REGISTERED AGENT**

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

Monique Haughton Worrell 1906 Hillcrest St. Orlando, FL 32803

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Monique Haughton Worrell 1906 Hillcrest St. Orlando, FL 32803

\*\*\*\*\*

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

*Monique Haughton Worrell*  
Signature/Registered Agent

7/14/06  
Date

*Monique Haughton Worrell*  
Signature/Incorporator

7/14/06  
Date