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(Requestor's Name)					
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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SECRETARY OF STATE
TALL AMASSEE FI COM



COVER LETTER

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

SUBJECT:	SGOU	Enterpri	se Inc.			
SUBJECT: SGOU Enterprise Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
F11	- !	64	1	111- C		
Enclosed are an ori	ginal and one (1) co	py of the artic	les of incorporation and	a check for:		
\$70.00	\$78.75 Filing Fee		\$78.75	\$87.50		
rung ree	& Certificate of	Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy		
				& Certificate of		
			ADDITIONAL CC	Status		
			ADDITIONAL CO	PY REQUIRED		
		•				
	~ 1					
FROM: So large GourdeT Name (Printed or typed)						
Name (Printed or typed)						
4220 N.W. 36 St						
4220 N.W. 36 S+ Address						
Fort Lauderdale, Fl. 33319						
City, State & Zip						
	305-733	-4251				
Daytime Telephone number						

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

ARTICLES OF INCORPORAT In compliance with Chapter 607 and/or		rofit)	
ARTICLE I NAME The name of the corporation shall be:	SGO	Enterprises	Inc
ARTICLE II PRINCIPAL OFFI The principal place of business/mailing at 4220 N.W. 36 5t ft. Lauderda (2, ft. 333) ARTICLE III PURPOSE The purpose for which the corporation is Any and all lawford ARTICLE IV SHARES The number of shares of stock is:	ddress is:		FILE 07 AUG 10 1 SECRETARY O TALLAHASSEE,
ARTICLE V INITIAL OFFICE: List name(s), address(es) and specific ti Solange Gourdet (p	tle(s):	CTORS	FILED 7 AUG 10 AM 9: 42 ECRETARY OF STATE LLAHASSEE, FLORIDA
ARTICLE VI REGISTERED A The name and Florida street address (F Solange Grouppet 4220 NW 365t Fort Lauderdale, F1. 3	P.O. Box NOT accept	able) of the registered agent is:	
ARTICLE VII INCORPORATO The name and address of the Incorporate Solange Gourdet 4220 NW 36 st Ft. handerdale, Fl. 333	or is:	*****	*****
Having been named as registered agent to accept certificate, I am familiar with and accept the app	ointment as registered ag	ent and agree to act in this capacity	olace designated in this
Solver Grandet	lange Gourde	8/6/0	7 te