# P08000024467

(Requestor's Name)	'	
(Address)	•	
(Address)		
(City/State/Zip/Phone #)	'	
PICK-UP WAIT MAIL		
(Business Entity Name)	,	
(Document Number)	•	
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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### **COVER LETTER**

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

SUBJECT:	Fencian Enterprises (PROPOSED CORPORA	Tnc. TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	PPY REQUIRED
FROM:	Jod Name	Fencion e (Printed or typed)	
	115 South Bl	Address	
	Tampa, F1 33 city	y, State & Zip	***************************************
	813.313		
	Daytime	Telephone number	

## ARTICLES OF INCORPORATION OF FENELON ENTERPRISES, INC.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE I NAME

The name of the Corporation shall be: Fenelon Enterprises, Inc.

#### ARTICLE II PLACE OF BUSINESS

Fenelon Enterprises, Inc. shall exist perpetually in Florida.

Fenelon Enterpeises, Inc. 115 South Blvd, Tampa, Fl 33606

#### ARTICLE III PURPOSE

Fenelon Enterprises, Inc. exists to legally and lawfully provide services/products to the public. The Board of Trustees shall discuss any and all ideas that will arise, and contact the necessary legal offices to obtain licenses and necessary documents to legally operate.

#### ARTICLE IV STOCKS

The authorized number of shares shall be 1,500 at \$0.01 par value. The Corporation reserves the right to issue any class stock.

#### ARTICLE V AGENT

The Corporation's Agent shall be:

Joel Fenelon 115 South Blvd. Tampa, Fl 33606

FILED

#### **ARTICLE VI INCORPORATOR**

2008 MAR -3 PM 4: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The Corporation's Incorporator is:

Joel Fenelon 115 South Blvd. Tampa, Fl 33606

Having been named registered agent to accept services of process for the above stated eprporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent as agree to act in this capacity

Signature/Incorporato

2-27:08 Date