# P08000072614

(Req	uestor's Name)			
·	(229			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Doce	ument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
		-		
Office Use Only				



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# **COVER LETTER**

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

SUBJECT:	FLORIDA MANAGEMENT ENTERPRISE INC			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INC</u> I	<u>JUDE SUFFIX</u> )	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:	
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED	
FROM:	FLORIDA MANAGEMENT ENTERPRISE INC Name (Printed or typed)			
	14225 SW 28TH STREET Address			
•	MIAMI, FL City	33175 , State & Zip		
	Daytime '	Telephone number		

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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

July 18, 2008

JULIO L GARCIA 14225 SW 28TH ST MIAMI, FL 33175

SUBJECT: MANAGEMENT ENTERPRISE INC.

Ref. Number: W08000034040

We have received your document for MANAGEMENT ENTERPRISE 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 corrected 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) 245-6928.

Tim Burch
"Regulatory Specialist II
New Filing Section

Letter Number: 708A00042107

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# 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:

FLORIDA MANAGEMENT ENTERPRISE INC

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

14225 SW 28TH STREET MIAMI, FL. 33175

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BUSSINESS MANAGEMENT, SERVICES

### ARTICLE IV SHARES

The number of shares of stock is: 200

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
JULIO L GARCIA
14225 SW 28TH STREET
MIAMI, FL. 33175

# ARTICLE VI REGISTERED AGENT

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

JULIO L GARCIA 14225 SW 28TH STREET MIAMI, FL. 33175

# ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: JULIO L GARCIA 14225 SW 28TH STREET MIAMI, FL. 33175

**************************************	e above stated corporation at the place designated in this
	07/04/2008
Signature Registered Agent	Date
<del></del>	07/04/2008
Signature Incorporator	Date