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SECRETARY OF STATE
TALL AHASSEE, ELORIDA

T-Burch AUG 277

COVER LETTER

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

SUBJECT: MEK E	nterprises, Inc.	OD NAME AND ON THE	UDB CUPEIV
	(PROPOSED CORPORA	TE NAME – <u>MUST IÑĈI</u>	LUDE SUFFIX)
Enclosed are an orig	ginal 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: M	ary E. Krupa	(0)	
	Name	(Printed or typed)	,
	895 North Village Drive, #106		
		Address	
	Saint Petersburg, FL 33716		
	City	, State & Zip	
	219-670-3959	Falankananumban	
	Daytime	Felephone number	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2008

MARY E. KRUPA 895 NORTH VILLAGE DRIVE #106 SAINT PETERSBURG, FL 33716

SUBJECT: MEK ENTERPRISES, INC.

Ref. Number: W08000039184

We have received your document for MEK ENTERPRISES, 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: 208A00046988

ARTICLES OF INCORPORTION

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

<u>ARTICLE I</u>

NAME

The name of the corporation shall be: LTCMK Enterprises, Inc.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is: 895 N. Village Dr. #106 St. Petersburg, FL 33716

ARTICLE III

SPECIFIC PURPOSE

Any and all lawful business.

<u>ARTICLE IV</u>

SHARES

The corporation shall have the authority to issue 1,000 shares of stock.

ARTICLE V

OFFICERS

President:

Mary E. Krupa

Secretary:

Mary E. Krupa

Treasurer

Mary E. Krupa

<u>ARTICLE VI</u>

REGISTERED AGENT

The name and address of the registered agent:

Mary E. Krupa

895 N. Village Dr. #106

St. Petersburg, FL 33716

ARTICLE VII

INCORPORATOR

The name and address of the incorporator:

Mary E. Krupa

895 N. Village Dr. #106

St. Petersburg, FL 33716

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent,

Incorporator .

Registered Agent