

PO9000017175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

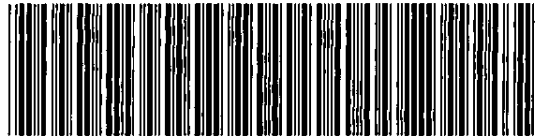
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

60-24-09  
W

**COVER LETTER**

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

SUBJECT: 4 LEN ENTERPRISES INC.  
(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: Mildred Gelfond  
Name (Printed or typed)

9000 PARK Blvd. #7  
Address

SEMINOLE FL. 33777  
City, State & Zip

927-410-1613  
Daytime Telephone number

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

# 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:

4 LEN ENTERPRISES INC.

## ARTICLE II PRINCIPAL OFFICE

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

9000 PARK BLVD. #7  
SEMINOLE, FL, 33777

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TAXI

## 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):

MILDRED GELFOND - 9000 PARK BLVD. #7, SEMINOLE FL. 33777  
LEONARD GELFOND - 9000 PARK BLVD. #7, SEMINOLE FL. 33777

## ARTICLE VI REGISTERED AGENT

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

MILDRED GELFOND  
9000 PARK BLVD. #7  
SEMINOLE, FL. 33777

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MILDRED GELFOND  
9000 PARK BLVD. #7  
SEMINOLE FL 33777

\*\*\*\*\*

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

Mildred G Gelfond  
Signature/Registered Agent

2-15-09  
Date

Mildred G Gelfond  
Signature/Incorporator

2-15-09  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA