

PD9000097346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

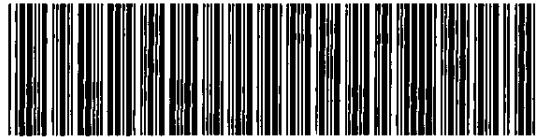
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Clive H. Christie
AUTHORIZATION BY PHONE TO GAVE
CORRECT Articles II, IV, V + VII
DATE 12/2/09
DOC. EXAM MRD

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
12/2

COVER LETTER

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

SUBJECT: ENTERPRISE PROPERTY MANAGEMRNT OF FL 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: ENTERPRISE PROPERTY MANAGEMENT OF FL INC
Name (Printed or typed)

P.O. BOX 17933
Address

W.P.B. FL 33416
City, State & Zip

561-434 3677 or 561-853 6393
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:

ENTERPRISE PROPERTY MANAGEMENT OF FL, INC

ARTICLE II PRINCIPAL OFFICE

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

906 RIVERSIDE DRIVE GREENACRES, FL 33463
P.O. BOX 17933 WEST PALM BEACH, FL 33416

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COMMERCIAL BUILDING REPAIR AND REMODELING LANDSCAPING, CUTTING TREES,
PRESSURE CLEANING

ARTICLE IV SHARES

The number of shares of stock is: 5000 SHARES

MARLON CHRISTIE 1000, CLIVE G. CHRISTIE 3000; DWIGHT BROWN 500

TAMARA CHRISTIE-GENTLES 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): CLIVE G. CHRISTIE, GLASSPOLE CHRISTIE,

MARLON CHRISTIE-1581 WINDORAHWAY, ROYAL PALM BEACH, FL 33411

NORMAN RAMNARINE 116 BROWARD AVE, LAKE WORTH, FL 33463

DWIGHT BROWN 906 RIVERSIDE DR, GREENACRES, FL 33463

TAMARA CHRISTIE-GENTLES 1025 PARK HILL DR., WEST PALM BEACH, FL 33417

ARTICLE VI REGISTERED AGENT

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

JOYCELYN BROWN 906 RIVERSIDE DR, GREENACRES, FL 33463

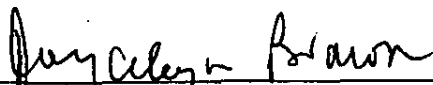
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

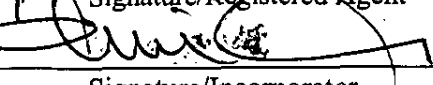
CLIVE G. CHRISTIE 1581 WINDORAHWAY, ROYAL PALM BEACH, FL 33411

PO BOX 17933, WEST PALM BEACH, FL 33416

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



Signature/Registered Agent



Signature/Incorporator

10. 23. 08.

Date

10.23.08

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA