## PABBOA3899

(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:			
<b>.</b>			

Office Use Only



700163716467

02/18/10--01017--005 \*\*70.00

FILED
2010 HAR 15 P 1: 55
SECRETARY OF STATE
SECRETARY OF STATE

M. D. S.





February 22, 2010

TORSTEN DREIER 6614 SANDLER PRESSURE DR. JACKSONVILLE, FL 32222

SUBJECT: SL ENTERPRISE, INC. Ref. Number: W10000008835

We have received your document for SL ENTERPRISE, INC. and your check(s) totaling \$70.00. 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) 245-6995.

Wanda Cunningham Regulatory Specialist II New Filing Section

Letter Number: 310A00004298

Division of Comparations D.O. DOV 6997 Wellahamas Florida 99914

## **COVER LETTER**

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

SUBJECT: SL	ENTERPRISE JACKS	souville, INC.	
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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
		ADDITIONAL COPY REQUIRE	
FROM:	TORSTEN DREIER	e (Printed or typed)	
_6	614 SANDLER PRO	ESERVE Dr. Address	
	ACHSONVING, FR.	32022 State & Zip	
	904. 477-3 Daytime T	3403 Telephone number	
_7	ORSTEN. DREIER EGA E-mail address: (to be use	AiL - Or- d for future annual report i	notification)

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

ARTICLE I NAME	
The name of the corporation shall be:	TA S1
SLENTER PRISE JACUSON VINE, INC.	TALLAHASSEE, FLORIDATALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	SSR 5
The principal street address and mailing address, if different is:	THE TO
6614 SANDLER PRESERVE DR.	FLO :
JACKSHVILLE, FR 32222	1: 55 STATE
ARTICLE III PURPOSE	77
The purpose for which the corporation is organized is:	
THE CORPORATION IS FORMED TO CONDUCT AND TRANSACT. BUSINESS ACTIVITIES CHOSE THE LAWS OF THE STATE OF FORCE	ALL LAUTUR
ARTICLE IV SHARES	V/4 (
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
SCISAN DREISOR, 6614 JANDLER PRESENCE Dr. JACKSON VILLE,	Fe 32222, C.E.O
TORSTEN DREER, 6614 JANOUAL PREJERVE DR. JACUSON WILL F	C 32929, C.O.O
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered ag	ent is:
TURSTEN DREIER	
PRIL IMPORT GRETERINE DS.	
JACUSON VILLE, FC 32222	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Torren Dreven	
6614 JANOLET PRESERVE Dr.	
Jacu su Vine, P2 3222	******
Having been named as registered agent to accept service of process for the above splace designated in this certificate, I am familiar with and accept the appointment	_
agree to act in this capacity	
01/1-	/ /2
Signature/Registered Agent	1/5/25/0
Signature Registered Agent	5/6/0
Tal fill	5/8/0
Signature/Incorporator	<b>D</b> ate

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)