## P10000102920

(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:					

Office Use Only



000188887760

12/22/10--01031--007 \*\*78.75

SECULIFICATION STATE

T. Burch (150 23 2019

## COVER LETTER

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

SUBJECT:	DONE	•	Enterprises Aric.
	(PR	OPOSED CORPO	ORATE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an o	original and on	e (1) copy of the	e articles of incorporation and a check for:
\$70.00 Filing Fe	\$78.75 Filing F & Certif	ee icate of Status	\$78.75  Filing Fee  & Certified Copy  & Certificate o  Status  ADDITIONAL COPY REQUIRED
FROM:		1	Name (Printed or typed)
	10262	MALPA	S PT.
-		ndo FL	Address 32832. City, State & Zip
-	4	07 . 973.	4751 me Telephone number
			aol. com
_	E-ma	il address: (to be	used for future annual report notification)
	NOTE: PI	ease provide th	ne original and one copy of the articles.

## ARTICLES OF INCORPORATION

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

ARTICLE II	PRINCIPAL OFFICE		NA 111 10 100 100	
	Principal street address 10262 MALPAS Q+.		ling address, if different is:	
-	Orlando FL 32832			
ARTICLE III	DIDDACE			
	hich the corporation is organized is:			
• •	•			
1	Automobile Services		<u> </u>	
•			22 i	
			e e e e e e e e e e e e e e e e e e e	
<del> </del>	SHARES			
The number of shar	res of stock is: \OO		4: 42 TATE 0°(8)A	
	INITIAL OFFICERS AND/OR DIRECT			
Name and Ti	ile: Pobeet D. Bngs. PR	S. Name and Title:		
Address:	10262 MALPAS Pt. / Orlando FL 32832	Address:		
	Orianae . C sesse	<del></del>		
	· D · - 1 D 0 · · · · · · · ·			
Name and Ti Address:	ile: Kobert D Binus, Sect	Name and Title: Address:		
Address:	O-lando FG 32832			
Nome and Ti	tle:	Nama and Title		
Address:				
ARTICLE VI	REGISTERED AGENT			
The <u>name and Flo</u>	rida street address (P.O. Box NOT acceptable	) of the registered agent is	:	
Name:	Robert D. Binns			
Address:	Orlando Fl 32832	<del></del>		
	Crianas IL 32032	<del></del>		
	INCORPORATOR			
The <u>name and add</u> Name:	Iress of the Incorporator is:  Robert D. Binos			
Address:	io262 malpas Pt.	<del></del>		
1 Iddi Obb.	Octondo FL 32832	<u></u>		
		and for the above stated	assume superiors at the place decises atad is	
	ed as registered agent to accept service of pro n familiar with and accept the appointment as			
	$\Omega$			
	Required Signature/Registered Agent		12-21-10 Date	
	Required Signature/Registered Agent		Date	
I submit this door	ment and affirm that the facts stated herein	are true. I am aware tha	at the false information submitted in o	
	epartment of State constitutes a third degree fe			
		·		
	' CM DO		12-21-10	
	Required Signature/Incorporator		Date	