

P11000005497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

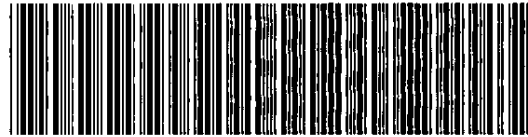
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Sheila Harris* GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT *418 Article I Signature*  
DATE *1/18/11* *J.R.A.*  
DOC. EXAM *mes*

Office Use Only



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RECEIVED NOV 24 2010

11/29/10--01008--008 \*\*78.75

FILED  
11 JAN 14 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRD  
1/18/11

16116 55586

**COVER LETTER**

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

**SUBJECT: POINTED ARROW ENTERPRISE 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: SHEILA HARRIS**  
Name (Printed or typed)

**1624 MOHAWK AVE.**  
Address

**FT. MYERS, FL. 33916**  
City, State & Zip

**(239)634-7556**  
Daytime Telephone number

**GODLOVESSHYNNE@HOTMAIL.COM**  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 JAN 14 PM 12:02  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

November 30, 2010

SHEILA HARRIS  
1624 MOHAWK AVE.  
FT. MYERS, FL 33916

SUBJECT: POINTED ARROW ENTERPRISE INC.  
Ref. Number: W10000055586

We have received your document for POINTED ARROW ENTERPRISE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

An effective date may be added to the Articles of Incorporation if a 2011 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 110A00027819

**ARTICLES OF INCORPORATION**

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

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be: **Pointed Arrow Enterprises Inc.**

11 JAN 14 PM 3:58

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**1624 Mohawk Avenue**  
**Fort Myers, Florida 33916**

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Lawful purposes - News Business, creative arts, music, motion pictures.

**ARTICLE IV SHARES**

The number of shares of stock is: 200 shares total - Sheila Harris, 160 shares and Mattie Johnson - 40 shares @ \$5.00 per share.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Sheila Harris, CEO**  
Address: **1624 Mohawk Avenue**  
**Fort Myers, Florida 33916**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: **Mattie Johnson, Dir. of Operations**  
Address: **1624 Mohawk Avenue**  
**Fort Myers, Florida 33916**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: **Sheila Harris, CEO**  
Address: **1624 Mohawk Avenue**  
**Fort Myers, Florida 33916**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Sheila Harris, CEO**  
Address: **1624 Mohawk Avenue**  
**Fort Myers, Florida 33916**

*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*

\_\_\_\_\_  
Required Signature/Registered Agent

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator  
Registered Agent

**1/12/11**  
\_\_\_\_\_  
Date