## 711000007302

| (Requestor's Name)  |             |
|---|-------------|
| (Address)   |             |
| (Address)   |             |
|   |             |
| (City/State/Zip/Phone #)  |             |
| PICK-UP WAIT MAIL   |             |
| (Business Entity Name)  | <del></del> |
| (Document Number)   |             |
| Certified Copies Certificates of Status   |             |
| Special Instructions to Filing Officer:  CORRECTION TO NAME SUFFIX PER  CONVENDATION WITH |             |

Office Use Only



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## **COVER LETTER**

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

| SUBJECT: ADON ENTERPRISES                              | , INC.                              |  |             |
|--|-------------------------------------|--|-------------|
| (PROPOSED CORPORAT                                     | E NAME – <u>MUST INC</u> I          | LUDE SUFFIX)   | _           |
| Enclosed are an original and one (1) copy of the artic | les of incorporation an             | d a check for:   |             |
| \$70.00 \$78.75 Filing Fee & Certificate of Status     | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status   |             |
|  | ADDITIONAL C                        | OPY REQUIRED   |             |
|  |                                     |  |             |
| FROM: PHYLLIS D: NOBLE Name                            | (Printed or typed)                  | 4 C 1 6 C  |             |
| 2960 NW 165TH STREE                                    | Ţ                                   | <u> </u>   | 20          |
| . А  | ddress                              |  | ZOLI JAN 18 |
| MIAMI GARDENS, FL 3                                    | 3054                                | TAR<br>IASS  |             |
| City, s  | state & Zip                         | in circumstance in the cir | -           |
| 305-335-7683   | lephone number                      |  | AMII: 56    |
| ·  | repriorie number                    |  | 56          |
| 1STCUBG@CONSULTA<br>E-mail address: (to be used        | NT.COM<br>for future annual report  |  |             |

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 ADON ENTERPRISE   | s. INC.                         |                     |  |  |
|---|--|---------------------------------|---------------------|--|--|
| The name of the co                      | prporation shall be:   | -,,,,                           |                     |  |  |
| ARTICLE II                              | PRINCIPAL OFFICE   |                                 |                     |  |  |
|   | Principal street address   |                                 | Mailing ad-         | dress, if different is:  |  |
| 2                                       | 2960 NW 165TH STREET   | _                               |                     | ,  |  |
| _                                       | MAMI GARDENS, FL 33054   | _                               |                     |  |  |
| _                                       |  | _                               |                     |  |  |
| ARTICLE III                             | PURPOSE  |                                 |                     |  |  |
| The purpose for w                       | hich the corporation is organized is:  |                                 |                     |  |  |
| ANY AND AL                              | L LEGAL BUSINESS TRANSACT  | IONS                            |                     |  |  |
|   |  |                                 |                     |  |  |
|   |  |                                 |                     |  |  |
| ARTICLE IV                              | SHARES   |                                 |                     |  |  |
| The number of share                     | res of stock is:100  |                                 |                     |  |  |
|   | THE ALL OF THE PARTY OF THE PAR | NO DO                           |                     |  |  |
|   | INITIAL OFFICERS AND/OR DIRECT   |                                 | and Title.          |  |  |
|   | itle: PHYLLIS D. NOBLE, CEO  |                                 |                     |  |  |
| Address:                                | 2960 NW 165TH STREET<br>MIAMI GARDENS, FL 33054  | Addres                          | .s:                 |  |  |
|   | MIAMI GARDENS, FL 33054  |                                 |                     |  |  |
| Name and Ti                             | itle: PHYLLIS D. NOBLE, SECRETA  | RV Name a                       | and Title:          |  |  |
| Address:                                | 2960 NW 165TH STREET   | Addres                          | is:                 |  |  |
| ridaross.                               | MIAMI GARDENS, FL 33054  |                                 |                     |  |  |
|   | IVII/AIVII O/ A NO EL TO / L OVO / L   |                                 |                     |  |  |
| Name and T                              | itle: PHYLLIS D. NOBLE, TREASUR  | ER Name a                       | and Title:          |  |  |
| Address:                                | 2960 NW 165TH STREET   |                                 | s:                  |  |  |
|   | MIAMI GARDENS, FL 33054  | <del></del>                     |                     |  |  |
| APTICI E VI                             | REGISTERED AGENT   | <del></del>                     | <u></u>             | •  |  |
|   | orida street address (P.O. Box NOT acceptable  | e) of the regist                | ered agent is:      | epode &  |  |
| Name:                                   | PHYLLIS D. NOBLE   | ,, or the r <b>u</b> gion       |                     | 20<br>AL   |  |
| Address:                                | 2960 NW 165TH STREET   |                                 |                     |  |  |
|   | MIAMI GARDENS, FL 33054  |                                 |                     | 27 S   | Brown St.  |
|   | ·  |                                 |                     | <b>₹</b>   | G. Charles   |
| ARTICLE VII                             | INCORPORATOR   |                                 |                     | 28.50<br>8.10<br>8.10<br>8.10<br>8.10<br>8.10<br>8.10<br>8.10<br>8.1 | F to Land  |
| The <u>name and ad</u>                  | dress of the Incorporator is:  |                                 |                     | M <sub>G</sub>   | ä  |
| Name:                                   | L Johnson % 1st Caribbean Ur   | nited                           |                     | <del></del>  |  |
| Address:                                | 18301 NW 2nd Ct  |                                 |                     |  | F# Hara  |
|   | Miami Gardens, FL 33169  |                                 |                     |  | Name of Street, or other party of the street, or other party or other party of the street, or ot |
| Havino been nam                         | ned as registered agent to accept service of pro   | ocess for the o                 | above stated corpo  |  | gnated   |
| this certificate, I a                   | m familiar with and accept the appointment as  | registered ag                   | ent and agree to ac | ct in this capacity  |  |
| Dh.                                     | 20 20/10   |                                 |                     | 01/14/2011   |  |
| · rug                                   | Required Signature/Registered Agent  |                                 | <del></del>         | Date   |  |
| T 1 1/2 1                               | 5 5 4 5 5  | ana furio I -                   | m muana that the    |  | sitted in  |
| i submit this docu<br>document to the D | ume <u>nt a</u> nd affirm that the facts stated herein<br>Separtment of State constitutes a third degree fe  | are true, 1 a.<br>Hony as provi | ded for in s.817.15 | 5, F.S.  | cu i/l   |
|   | 1/01   |                                 | •                   |  |  |
|   | 10000  |                                 |                     | 01/14/2011   |  |
| —— <del>/</del>                         | Required Signature/Incorporator  |                                 |                     | Date   |  |
| _                                       |  |                                 |                     |  |  |