## P11000012838

(Red	questor's Name)	
(Add	tress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(2)		
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
•		;
ı		

Office Use Only



400192925454

02/04/11--01013--012 \*\*78.75

FIEED 11 FEB -4 PH 3: 13

Ps 2/7/11

## **COVER LETTER**

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

SUBJECT: Left turn E	nterprises, Inc.			
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )			
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRED			
FROM: Arch Henderson Name (Printed or typed)				
3389 Sheridan Street \$185				
Hollywood, 7L 33021 City, State & Zip				
954 Ce.491794  Daytime Telephone number				
E-mail address: (to be used for future annual report notification)				

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 NA The name of the corpo	AME ration shall be: LEST TURN Ente	rprises, I	inc.
3.	RINCIPAL OFFICE Principal street address 389 Sheridan St. 185	Mailing addres	ss, if different is:
ARTICLE III PU The purpose for which			
ARTICLE IV SH The number of shares	HARES of stock is: 100 Shares at	No Par Val	ne
Name and Title: Address:	Haron Henderson, Ros 3389 Sheridan St Ad Hollywood, 72 33021	me and Title:	
Name and Title: Address:	Na Ad		
Name and Title: Address:	Na Ac	ume and Title:ldress:	
	EGISTERED AGENT  a street address (P.O. Box NOT acceptable) of the r  Haron Henderson  3389 Shen dan St #18  Hollywood, FL 33021		FD 3 13
	CORPORATOR  Softhe Incorporator is:  Azron Henderson  3389 Sheridan St. 418  Hollywood 71 33021	· <b>5</b>	
Having been named this certificate, I am fo	as registered agent to accept service of process for amiliar with and accept the appointment as registere	the above stated corporati ed agent and agree to act in	on at the place designated in this capacity
	Required Signature/Registered Agent		Date
I submit this docume document to the Depa	nt and affirm that the facts stated herein are true riment of State constitutes a third degree felony as p	. I am aware that the fals provided for in s.817.155, F	e information submitted in a
	Required Signature/Incorporator		Date