P1000/4702

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/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



900193725329

02/10/11--01018--007 **78.75

THE OF BELLEVIEW.

PS 2/11/11

COVER LETTER

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

SUBJECT: Coffey & Coffey Enterp	orise, Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUD</u> E SUF	FIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check	fo <u>r:</u>
\$70.00 Filing Fee & Certificate of Status	& Certified Copy Certi	g Fee, fied Copy ertificate of s
		<u>-</u>
FROM: Sheila A. Coffey		, e -
Name	(Printed or typed)	<u>· · · </u>
3556 Marlinspike Dr		
A	Address	
Tampa FL 33607	State & Zip	
813 786 3863		
Daytime Te	elephone number	
coffeyinc@yahoo.com E-mail address: (to be used	for future annual report notificatio	<u>n)</u>

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

ار ایس وغیروسی از ایران در در این از ایران در ا در ایران در

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

, 1		•	FILED
ARTICLE I	NAME Coffey & Coffey Ente orporation shall be:	rprise, Inc.	"F F dorse, have know
The name of the c	orporation state oc.		11 FEB 10 PN 4: 05
ARTICLE II	PRINCIPAL OFFICE		and the second second
	Principal street address		Mailing address, if different is
·	3556 Marlinspike Dr		The Profit & Court Air Cong &
-	Tampa FL 33607		
ARTICLE III	PURPOSE which the corporation is organized is:		
Starting a Ne			
ARTICLE IV The number of sha	SHARES ares of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	YORS	
Name and T	itie:Sheila A. Coffey CEO & Pres.	Name and Titl	e:William H. Coffev. Vice-Pres.
Address:	3556 Marlinspike Dr	Address:	3556 Marlinspike Dr
	Tampa FL 33607		Tampa FL 33607
Name and T	itle:	Name and Tit	lo.
Address:	Title:		
Address:			
			
Name and T	`itle:	Name and Tit	le:
Address:	me.		
			
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable	e) of the registered ag	ent is:
Name:	Sheila A. Coffey		
Address:	3556 Marlinspike Dr		
	Tampa FL 36607		
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name:	Sheila A. Coffey		
Address:	3556 Marlinspike Dr.	 -	
	Tampa FL 33607		
	ned as registered agent to accept service of promiting with and accept the appointment as Required Signature/Registered Agent		
	. / /		Dute
	ument and affirm that the facts stated herein Department of State constitutes a third degree fe		
01		, w promoujor	~ · ·
	eila U offly		2/7/11
• •	Required Signature Inforporator		Late