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COVER LETTER

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

SUBJECT: MENDEZ ENT (PROPOSED CORPORATION)	ERPRISES INC. OF
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Joanna K	Mendes (Printed or typed)
151 NEW	CASTLE ST.
Boca Rato	N Fc. 33487
4	14- 1555 elephone number
Joanna mend E-mail address: (to be used	ez a me . com . 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 NAME The name of the corporation		ter prises	Inc. of Boca
Pı	CIPAL OFFICE rincipal street address Newcastle States CA Raton FL. 3348	Mailing	g address, if different is:
	corporation is organized is:		ALLAHASSEE I
Name and Title:/ Address:/		Name and Title: Address:	LORDE -
Name and Title:Address:			
Name and Title:Address:			
The name and Florida stro	STERED AGENT eet address (P.O. Box NOT acceptable) of Down na K Mend 151 Newcastle St. BOEA Raton FL.	43	
The name and address of t	RPORATOR the Incorporator is: [Oanna K Mende 151 Newcastle St. BOCA Raton , EL 3		
this certificate, I am famili	gistered agent to accept service of proce ar with and accept the appointment as re- Required Signature/Registered Agent	gistered agent and agree to	
	nd affirm that the facts stated herein are nt of State constitutes a third degree felor Required Signature/Incorporator	ny as provided for in s.817.	