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11 JUN 24 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 6/30

COVER LETTER

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

SUBJECT: M & DRE'S ENTERPRISES, 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: ANDRE BURTE
Name (Printed or typed)
5921 NW 12th STREET
Address
SUNRISE FL. 33313
City, State & Zip
954-868-4222
Daytime Telephone number
M_DRE.ENTERPRISES@hotmail.com
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 NAME

The name of the corporation shall be:

M&DRE'S ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5921 NW 12th STREET.
SUNRISE FL 33313

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDRE BURTE
Address: 10066 S NOB HILL CIRCLE
TAMARAC FL 33321

Name and Title: _____
Address: _____

Name and Title: MICHAEL PASTRANA
Address: 1351 NE MIAMI GARDENS DR
E. 315
MIAMI GARDENS FL 33179

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: ANDRE BURTE
Address: 10066 S NOB HILL CIRCLE
TAMARAC FL 33321

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANDRE BURTE
Address: 10066 S NOB HILL CIRCLE
TAMARAC FL 33321

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

6/19/11
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

6/19/11
Date

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TALLAHASSEE, FLORIDA