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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Special instructions to	Filing Officer.	

Office Use Only



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2011 OCT -7 PH 1: 17.
SECRE TARY OF STATE
TALLAHASSEE, FINALE

J. SHAWERS NOT I N 2011

## **COVER LETTER**

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

SUBJECT:	Billet Enterprise, Inc.  (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)							
Enclosed are an original \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status  \$78.75 Certified Copy & Certificate of Status  \$78.75 Filing Fee & Certified Copy & Certificate of Status							
FROM: _	ADDITIONAL COPY REQUIRED  Alan R. Billet							
	Name (Printed or typed)  6884 NW 12th St.							
	Plantation, FL 33313  City, State & Zip							
	954-319-4525  Daytime Telephone number  kbillet@bellsouth.net  E-mail address: (to be used for future annual report notification)	Ö						

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 N						
688	Principal office Principal street address 34 NW 12th St. Intation, FL 33313		Mailing address, if different is:			
	IRPOSE the the corporation is organized is: the corporation is to conduct any la	awful purpos	se or purposes	<b>3</b> .		
ARTICLE IV S. The number of shares	of stock is: 100					
	ATTIAL OFFICERS AND/OR DIRECTOR AND	Name and Tit Address:				
Name and Title Address:		Name and Tite Address:	tle:			
Name and Title Address:		Name and Tit Address:	tle:			
The <u>name and Florid</u> Name: Address:	EGISTERED AGENT  la street address (P.O. Box NOT acceptable) of  Corporation Service Company  1201 Hays Street  Tallahassee, FL 32301  VCORPORATOR	_	gent is:	SECRETARY OF S	2811 OCT -7 PH	n
	ss of the Incorporator is:  Alan R. Billet  6884 NW 12th St.  Plantation, FL 33313	- - -		TATE		
Having been named this certificate, Lam f	as registered agent to accept service of process amiliar with and accept the appointment as region of Wylones, Assistant	s for the above s istered agent an	stated corporation d agree to act in th	at the place his capacity	designa \	ted in
Jan 11/021	Required Signature/Registered Agent	<del>_</del>	_	Date	<u> </u>	
document to the Depo	ent and affirm that the facts stated herein are artment of State constitutes a third degree felony	true. I am awa as provided foi	re that the false it r in s.817.155, F.S.	nformation s	ubmitted	1 in a
11/01	R:00.4			10 11		

Required Signature/Incorporator