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(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	s of Status			
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1. SHINGS NOV 23 2099

v, (301)

Division of Corporations Tallahassee Florida

November 3, 2010

To Whom It May Concern:

Jeffeng Persontte

I am requesting that my corporation name of <u>Funsowette</u> Entenprises Inc.

Be released and I do not retain the name effective immediately.

This is a unanimous choice by the stockholders.

Thank you,

ZBII NOV 21 AM III: 89
SECRETARY OF STATE

COVER LETTER

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

SUBJECT:	ensonette Entenge (PROPOSED CORPO	PRISES JOC RATE NAME - MUST INCI	LUDE SUFFIX)	
Enclosed are an	original and one (1) copy of the a	articles of incorporation and	d a check for:	I
\$70.00 Filing Fe	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:	Na	me (Printed or typed)	TALLA.	2811 NOV 21
	Nettie Davis, Inc.		HASS	10
	846 SW Main Blvd. Lake City, FL 32025	Address	EE, FLOP	AH 11: 09
		ty, State & Zip		: '
	386-752-4571 Daytim	,		
	Daytim	e Telephone number		
_	Ciehardchiet E-mail address: (to be u	sed 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 No.	AME pration shall be: Pensonette En-	tenprises INC		
	RINCIPAL OFFICE Principal street address BDIL SW 895 St KEBUTLEYL FL 32054	Mailing addr	Mailing address, if different is:	
ARTICLE III PU				
ARTICLE IV SI				
Name and Title: Address:	Teffer Pentanette Pres 13016 SW 895 ST LAKE BUTLER FL 32	Name and Title:Address:		
		Name and Title:		
Name and Title: Address:			7ALC	
ARTICLE VI RI	EGISTERED AGENT		NON AUTOM	
	a street address (P.O. Box NOT acceptable) of Jeffeng Pensonette	f the registered agent is:	21 AH II	
ARTICLE VII IN	CORPORATOR			
The <u>name and addres</u> Name:	s of the Incorporator is:		** (6	
Address:	Nettie Davis, Inc. 846 SW Main Blvd. Lake City, FL 32025	- - -		
	as registered agent to accept service of proces. amiliar with and accept the appointment as reg			
Orfless !	Purmitte		ロークル	
011	Required Signature/Registered Agent		Date	
	nt and affirm that the facts stated herein are rtment of State constitutes a third degree felon			
2 may 1) <u>-</u> -		Mala	
- William 9	Required Signature/Incorporator		Date	