## P12000019235

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Cooling to the cooling to the cooli				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

PEB 24 AM II: 2

## **COVER LETTER**

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

SUBJECT:	Friel Enterprises, Inc.			
	(PROPOSED CORPORA	TE NAME - MUST INCL		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee,	
FROM: _		ADDITIONAL CO	DPY REQUIRED	
_	10034 64th Ave No	• • • • • • • • • • • • • • • • • • • •	Jnit 19	
_	St. Petersk City	ourg, FL 33708 State & Zip		
_	<b>727-</b> Daytime 1	393-7045 Celephone number		
	E-mail address: (to be use	n/a d 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 Friel Enterprises, Inc.	
100 Bui	RINCIPAL OFFICE Principal street address 034 64th Ave North Iding 3, Unit 19 Petersburg, FL 33708	Mailing address, if different is:
	TRPOSE the corporation is organized is: the corporation is to conduct any la	wful purpose or purposes. FEB 24 AH 1.26
ARTICLE IV Si	HARES of stock is: 100	1.26 FLORITE
Name and Title Address:	ITIAL OFFICERS AND/OR DIRECTORS Teresita C. Friel, President/Secretary/Treasurer 10034 64th Ave North Building 3, Unit 19 St. Petersburg, FL 33708	Name and Title: Address:
Name and Title Address:		Name and Title: Address:
Name and Title Address:		Name and Title:  Address:
	EGISTERED AGENT  a street address (P.O. Box NOT acceptable) of t  Teresita C. Friel  10034_64th Ave North, Building 3, Unit 1  St. Petersburg, FL 33708	the registered agent is:
ARTICLE VII IN The name and address Name: Address:		9
	•	for the above stated corporation at the place designated in stered agent and agree to act in this capacity
Jere	Required Signature/Registered Agent	02 - 22 - 12 Date
I submit this docume document to the Depa	nt and affirm that the facts stated herein are t rtment of State constitutes a third degree felony	true. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
Jerl	ela C. Friel Required Signature/Incorporator	02 - 22 - 12 Date