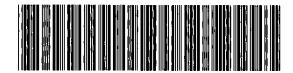
## P12000037755

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STAIL

NOTE: THE SECRETARY OF STAIL

SECRETARY

N 04/23/12

## **COVER LETTER**

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

SUBJECT: ENCORE INK	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee  & Certified Copy  Certificate of  Status  ADDITIONAL COPY REQUIRED
FROM Dilli Au R. Dame	(Printed or typed)
1027 Alam	ESA DR
TAllahass	State & Zip 72317
(850) 566	-4313
bill cot	TEREIL Comail. 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)

The name of the cornection	on shall be: ENCORE INK, I	` <i>\\</i>		
The name of the corporation	on shall be. ENCOKE INN, I	με,		
ARTICLE II PRIN	CIPAL OFFICE			
	rincipal street address	/ Ma	iling address, if different is:	
	1 ALAMEDA DR	Som	<u>e)                                      </u>	
-tA1	AKASSEE FL		<u></u>	<del></del>
	32317			<del></del>
ARTICLE III PURP				
The purpose for which th	e corporation is organized is:			
Fooding	JOURNALIST			
THEFANCE	SUDA OF HIS I			
ARTICLE IV SHAL	RES			
The number of shares of st	tock is: ONE			
	0,00			
	AL OFFICERS AND/OR DIRECTORS			
		Address:		
	41/44ASSEE FL 32317		<del></del>	
	DE511	<del>-</del>		
Name and Title:		Name and Title:		
Address:		Address:		
•				
		Name and Title:		
Address:		_ Address:		
		_	<del></del>	
ARTICLE VI REGI	STERED AGENT			
	reet address (P.O. Box NOT acceptable) of	the registered agent i	is:	
	VILLIAM R. COTTEREIL			K
	1027 ALAMENT DR	_		
_	TALLAGASSEE FL- 3231	7	<b>1</b> (1)	2 -11
_		7	<b>2</b> 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	N
	<u>ORPORATOR</u>	•	SE X	ω -
The name and address of	the Incorporator is		ന്റ	المعامدان هي
Name:	William K. CotteREV	-	ي <mark>ن الم</mark>	3 111
Address:	1027 HAUEN - UK	<del>-</del>	<u> </u>	
,	TAILA-14366 5 FL. 5231/	_	表合	Ø
Having leen named as r	egistered agent to accept service of process	for the above states	d corporation at the place	designated in
this certificate. I am famil	liar with find accept the appointment as regi	stered agent and agr	ree to act in this capacity	,
(-0)			/ /	
Marillane	T: 100 8:300		4/22/1	2
1000 oute	Davin d Signistra / Basistard Agent	<del>- '</del>	Date	
<u>†</u>	Required Signature/Registered Agent		/ Date	5
I submit this document a	and affirm that the facts stated herein are	true. I am aware th	nat the false information s	ubmitted in a
document to the Departm	ent of State constitutes a third degree felony	as provided for in s	:.817,155, F.S.	
(n/).			, /	,
19W Jan K	- October Cf		4/2	3/12
	Required Signature/Incorporator	<del></del>	$\frac{-}{Da}$	ite
	-1		= -	