

P12000046473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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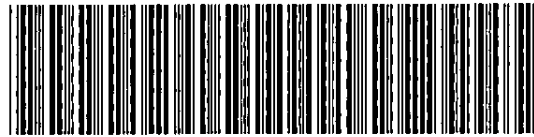
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2012 MAY 17 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 18 2012

COVER LETTER

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

SUBJECT: Write House 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: Dachondra Cason

Name (Printed or typed)

7742 NW 2 Ave

Address

Miami, FL 33150

City, State & Zip

(786) 899 7594

Daytime Telephone number

writehouseenterprise@yahoo.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Write House Enterprises, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
7742 NW 2 Ave
Miami FL 33150

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To offer communication services and conduct any other lawful business permissible according to Florida state statutes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Dachondra Cason, CEO</u>	Name and Title: _____
Address: <u>7742 NW 2 Ave</u>	Address: _____
<u>Miami, FL 33150</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Dachondra Cason
Address: 7742 NW 2 Ave
Miami, FL 33150

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dachondra Cason
Address: 7742 NW 2 Ave
Miami, FL 33150

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

Dachondra Cason
Required Signature/Registered Agent

05/10/2012
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.

Dachondra Cason
Required Signature/Incorporator

05/10/2012
Date

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TALLAHASSEE, FLORIDA