12000052315

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	idress)		
	ty/State/Zip/Phone	e #)	
		MAIL	
(Business Entity Name)			
<u></u>			
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
Office Use Only			



06/07/12--01015--010 ***78.75

т. Суман Дана и FILED 12 JUN -7 PM 4: 15 RETARY OF SHAT



COVER LETTER

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

e 505 SUBJECT: (PROPOSED CORPORATE NAM T INCLUDI

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
13941 SW	erá e (Printed or typed) 143rd Court, NO 9 Address	
Miami Eity	<u>33176</u> State & Zip	
Daytime Telephone number		
Garaa IRis Zolo @ YGhos.um E-mail address: (to be used for filture 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 NAME The name of the corporation shall be:	al Me Enterpr	ises, Inc.
ARTICLE II PRINCIPAL OFFICE Principal <u>street</u> address 13941 SW /430/Cd Sure 9 Sure 9 Sure 9		Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is POVILE POP A community	: duits & Service	s to media
ARTICLE IV SHARES The number of shares of stock is: ノッジ		12 JU TALLA
Address: <u>139415~ 143~</u> C	President Name and Tit	
Name and Title: Joi's GANMA - Address: <u>35415W 143W C</u>	Address: <u>۲۲ المی</u>	
Name and Title: Address:	Address:	ile:
ARTICLE VIREGISTERED AGENTThe name and Florida street address (P.O. Box NOT Name: Address:Set Set Set Set Set Set Set Set Set Set		gent is:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name:	1- 13N Curt #9 - 331 /6	
Having been named as registered agent to accept servisities this certificate, I am familiar with and accept the appoint		
Required Signature/Register	red Agent	<u>6/4/12</u> 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.

Required Signature/Incorporator مررت

<u>6/4/12</u> Date

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