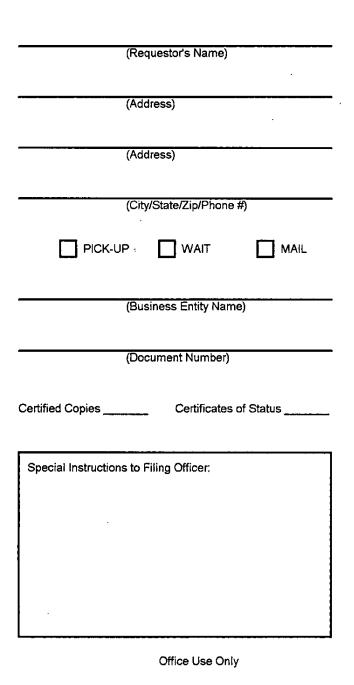
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13 FEB 21 PM 4: 2 SECRETARY OF STATE

T. Burch FEB 2 2 2011

## **COVER LETTER**

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

SUBJECT: MariJes Enterprises	Inc.
(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 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
	AND THE COLL MAN COLLEGE
FROM: Kirstin D. Foulks	(Printed or typed)
16070 Cherokee Rd.	, , , , , , , , , , , , , , , , , , , ,
Brooksville, FL 34601	ddress State & Zip
352-585-0235  Daytime Te	elephone number
kirstinci@bellsouth.ne E-mail address: (to be used	of 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	<u>NAME</u>	7.10	: 100	Entar	n ria	oo loo	
The name of the	corporation shall be:	iviai	1JES		pns	es Inc	
ARTICLE II	PRINCIPAL OF	FICE			•		
	Principal stre					ess, if different is:	
	16070 Cheroke			same a	is street a	ddress	_
	Brooksville, FL	34601				<del></del>	_
			<del></del>				-
ARTICLE III	<b>PURPOSE</b>						
	which the corporation						
Draf	fessio	nal	Cor	norat	ion		
	<b>G2210</b>	IIai		pulat			
				-			
Inte	rnet s	200	an	d mai	rkot	tina	
ARTICLE IV	SHARES	aics	, an	a ma		1 <del>9</del>	
The number of sl	hares of stock is:	$\Omega$					
	• '	<b>000</b>					
ARTICLE V	INITIAL OFFIC	ERS AND/O	R DIRECTO	<u>PRS</u>			
Name and Address:	16070 Ch	FOUIKS- F	<u>resident</u>	Name and Title:	:		_
Audress.	Brooksvill	e El 346	01	Address.			_
	DIOURSVIII	5, LL.J40	<u> </u>	<del></del> -			-
		•		<del>_</del>		<u> </u>	_
	Title:				:		_
Address:				Address:		<del>- 注意 田 -</del>	_
				<del></del>		<del>- 52 8 1</del>	_
		<del></del>		<del></del>			_
Name and	Title:			Name and Title	<u>:</u>		
Address:				4 1 1		500	_
				<del>_</del>			_
	<del></del>			<del>_</del>		23	_
ARTICLE VI	REGISTERED	AGENT					
	lorida street address		T acceptable)	of the registered ager	nt is:		
Name:		Registered					
Address:	3030 N. R	Rocky_Point I	Dr_STE 15	AOi			
	Iampa, E	L33607	<del></del>	<del></del> -			
ARTICLE VII	INCORPORATO	OR					
	ddress of the Incorpo						
Name:	Kirstin D		<u> </u>				
Address:		nerokee R	<u>.d</u>				
	Brooksvi	ille, FL 34	601				
Havine heen na	med as registered ag	ent to accent se	ervice of proce	ess for the above sta	ited corporati	on at the place designated	l in
	am familiar with and						
h	- h	• •			_	• •	
al	n	_	Dan r	Keen-Manager	2	02/12/2013	
1/	Required S	Signature/Regist	ered Agent			Date	_
<i>U</i>					4	and the second	
	cument and affirm to Depa <u>rtm</u> ent of State (					e information submitted i 7 S	n a
weament in the	Depuriment of state	coominies a thi	uegree jelo	my us proviucu jo <b>r</b> ir	; 3.01 /.133; £	· si.Js	
I M		19/				02/12/13	
- F	Required	Signature/Inco	orporator	<u> </u>		Date	-