

P1300096617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

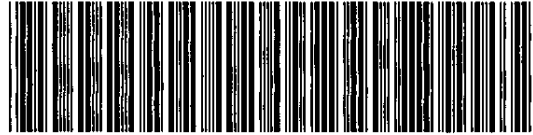
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

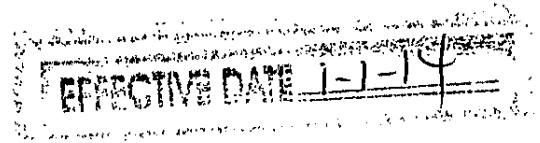
Special Instructions to Filing Officer:

Office Use Only



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11/12/13--01029--003 **70.00



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC -2 PM 1:44



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2013

ERIK MADISON
11337 TRAIL BLAZER LN UNIT 2
LAND O LAKES, FL 34638

SUBJECT: ENKI ENTERPRISES INC
Ref. Number: W13000062824

RECEIVED
13 DEC -2 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ENKI ENTERPRISES INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 213A00026270

COVER LETTER

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

SUBJECT: **Enki Enterprises Inc (effective Jan 1, 2014)**
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: **Erik Madison**
Name (Printed or typed)
11337 Trail Blazer Ln Unit 2
Address
Land O Lakes FL 34638
City, State & Zip
(224) 634-6789
Daytime Telephone number
fafhrrd.productions@gmail.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

Enki Enterprises Inc

13 DEC -2 PM 1:44

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11337 Trail Blazer Ln

Unit 2

Land O Lakes FL 34638

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

EFFECTIVE DATE 1-1-14

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Erik Madison President

Name and Title: _____

Address 11337 Trail Blazer Ln

Address: _____

Unit 2

Land O Lakes FL 34638

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED (cont.)
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 DEC -2 PM 1:44

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: Erik Madison
Address: 11337 Trail Blazer Ln
Land O Lakes FL 34638

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Erik Madison
Address: 11337 Trail Blazer Ln
Land O Lakes FL 34638

X Effective Jan 1, 2014

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

[Signature]
Required Signature/Registered Agent

11/24/13
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.

[Signature]
Required Signature/Incorporator

11/24/13
Date