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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

COVER LETTER

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

_{SUBJECT:} Fis	her Engineering l	Enterprises, Ir	nc,
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Betty M. Fisher		
	Nam	e (Printed or typed)	
3	309 West Alline	4ve	
_		Address	
Ţ	ampa, FL 33611	State & Zip	
8	13-340-1116	State & Zip	

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

bettysoldit@aol.com

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporat		Enterpris	ses, Inc.
ARTICLE II PRINCIPAL OFFICE Principal street address 3309 W. Alline Ave		!	Mailing address, if different is:
Tampa, FL 33	3611		
· · · · · · · · · · · · · · · · · · ·			
	POSE the corporation is organized is: To transation is properties and the Elevider.		
	be incorporated under the Florida		·
	h the corporation may operate. The		
	opriate such business including bu		
which corporation	is are given under the Florida Ge	eneral Corpo	rations Act.
			7.5. 7.
The number of shares of	Thomas H. Fisher CEO		Betty M. Fisher, Fige President
Address	3309 W. Alline Ave	Address:	3309 W. Alline Ave
	Tampa, FL 33611		Tampa, FL 33611
Name and Title: Address	Thomas H. Fisher, President 3309 W. Alline Ave Tampa, FL 33611	Name and Title Address:	Betty M. Fisher, CFO 3309 W. Alline Ave Tampa, FL 33611
Name and Title:	3309 W. Alline Ave	Name and Title	Betty M. Fisher, Secretary 3309 W. Alline Ave
	Tampa, FL 33611		Tampa, FL 33611

d Title:	Name and Title:	
	Address:	
	e) of the registered agent is:	
Betty M. Fisher		7.0 1
3309 W. Alline Ave		£.c. B
Tampa, FL 33611		NASS III
INCORPORATOR		6 PH 3:
dress of the Incorporator is:		○ 24 ~ · · · · · · · · · · · · · · · · · ·
Betty M. Fisher		5 m 6
3309 W. Alline Ave		
Tampa, FL 33611	<u></u>	
Required Signature/Registered Agent ument and affirm that the facts stated herein	s registered agent and agree to a	Let in this capacity $ \frac{1275-2013}{\text{Date}} $ Talse information submitted in a
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable Betty M. Fisher 3309 W. Alline Ave Tampa, FL 33611 INCORPORATOR Idress of the Incorporator is: Betty M. Fisher 3309 W. Alline Ave Tampa, FL 33611 Tampa, FL 33611 The day registered agent to accept service of procument and affirm that the facts stated herein Department of State constitutes a third degree of the appointment of State constitutes a third degree of the appointment of State constitutes a third degree of the appointment of State constitutes a third degree of the appointment of State constitutes a third degree of the appointment of State constitutes a third degree of the appointment of State constitutes a third degree of the appointment of State constitutes a third degree of the appointment of State constitutes a third degree of the appointment of State constitutes a third degree of the appointment and affirm that the facts stated herein the appointment of State constitutes a third degree of the appointment and affirm that the facts stated herein the appointment of State constitutes a third degree of the appointment and affirm that the facts stated herein the appointment and affirm that the facts stated herein the appointment and affirm that the facts stated herein the appointment and affirm that the facts stated herein the appointment and affirm that the facts stated herein the appointment and affirm that the facts stated herein the appointment and affirm that the facts stated herein the appointment and affirm that the facts stated herein the appointment and affirm that the facts stated herein the appointment and affirm that the facts stated herein the appointment and affirm that the facts stated herein the appointment and affirm that the facts stated herein the appointment and affirm that the facts stated herein the appointment and affirm the appointment and affirm the appointment and affirm the appointment and appointment a	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the registered agent is: Betty M. Fisher 3309 W. Alline Ave Tampa, FL 33611 INCORPORATOR Idress of the Incorporator is: Betty M. Fisher 3309 W. Alline Ave Tampa, FL 33611 Incorporator is: Betty M. Fisher 3309 W. Alline Ave Tampa, FL 33611 Incorporator is: Betty M. Fisher 3309 W. Alline Ave Tampa, FL 33611