## P14000010285

	(Requestor's Name)
	(Address)
	(Address)
<u> </u>	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
,	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
Special Instruction	s to Filing Officer:

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS



ION SERVICE COMPANY.
ACCOUNT NO. : 12000000195
REFERENCE: 988677 7922499
AUTHORIZATION: Spelle le man
COST LIMIT : \$ 70.00
ORDER DATE : February 4, 2014
ORDER TIME : 10:00 AM
ORDER NO. : 988677-005
CUSTOMER NO: 7932499
DOMESTIC FILING
NAME: SERKEZ ENTERPRISES INC.
EFFECTIVE DATE:
XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY X PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Carina L. Dunlap - EXT. 52951
EXAMINER'S INTITALS:

## **COVER LETTER**

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

SUBJECT: Serkez	Enterprises Inc.		
SUBJECT.	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:		e (Printed or typed)	
181	100 Von Karman Avenue CPA 8	50 Address	
Irvi	ne, CA 92612	Address	
	City	State & Zip	
949	9-200-6409		
	Daytime 7	elephone number	
	E-mail address: (to be use	ed 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)

PTICLE II PRINCIPAL OFFICE Principal street address		Mailing address,	if different is:
N. Orange Ave			
indo, FL 3280			
- -			
TICLE III PU	JRPOSE		
purpose for which and all lawful t	h the corporation is organized is:	······································	
and an lawful t	Justiness		·
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			_ <del> </del>
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TICLE IV SI	HARES 1		14 FI
FICLE IV Sinumber of shares	HARES 1 of stock is:		14 FE8 -
number of shares	of stock is:		14 FEB -4
number of shares	of stock is:   VITIAL OFFICERS AND/OR DIRECTO  Ms. Al Sorkoz — Procident	<u>DRS</u>	-¢. A}
number of shares	of stock is:		-4 . AM 8:
number of shares	of stock is:   NITIAL OFFICERS AND/OR DIRECTO  itle:   1316 Lake Shore Drive	<b>DRS</b> Name and Title:	−↓ AM
number of shares  TICLE V II  Name and T	of stock is:	<b>DRS</b> Name and Title:	-4 . AM 8: 5
number of shares  TICLE V II  Name and T	of stock is:   NITIAL OFFICERS AND/OR DIRECTO  itle:   1316 Lake Shore Drive	<b>DRS</b> Name and Title:	-4 . AM 8: 5
number of shares  TICLE V II  Name and T	of stock is:   NITIAL OFFICERS AND/OR DIRECTO  itle:   1316 Lake Shore Drive	<b>DRS</b> Name and Title:	-4 . AM 8: 5
number of shares  TICLE V II  Name and T	of stock is:	<b>DRS</b> Name and Title:	-4 AM 8: 58
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Name	and Title:	Name and Title:	_
Addr	ess	Address:	_
	All Plants Man		_
ARTICLE V			
The name and	Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name:	Corporation Service Company		
Address:	1201 Hays Street		9
	Tallahassee, FL 32301		VISIO
ARTICLE VI	II INCORPORATOR	===   	FILEL ETARY O N OF COR
The <u>name and</u>	address of the Incorporator is:	<b>P</b>	S S
Name:	Corporation Service Company	නු 	ATATE
Address:	1201 Hays Street		Z.
	Tallahassee, FL 32301		
this certificate,	I am familiar with and accept the appointment a Scruse Company Anina L. Durlas	ocess for the above stated corporation at the place designated as registered agent and agree to act in this capacity  2-4-14  Date	' in
	Required Signature/Registered Agent	Date	
	locument and affirm that the facts stated herein to Department of State constitutes a third degree j	are true. I am aware that the false information submitted in felony as provided for in s.817.155, F.S.	ı a
Ву:	arina L. Amlas  Required Signature/Incorporator	2-4-14	_
Title: Assistan		Date	