P14000017016

(Requestor's Name)			
(Address)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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FILING CANCELLED RETURNED CHECK

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SECRETARY OF STATE ALLAHASSEE FLORIDA

Tackness

COVER LETTER

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

SUBJECT: ENTERPLISE FINANCIAL DEVELOPMENT COMPANY, INC.				
	(PROPOSED CORPORA	ATE NAME – MUST INCL	UDÆ SUFÆIX)	
Enclosed are an orig	inal 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	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	1	
FROM: _7	82 Ollie ST	e (Printed or typed) Address		
<u>Ce</u>	OCOA, 41. 32.	9 <u>22</u> State & Zip		
	786-488-4/7 Daytime 7	Telephone number		

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

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

ARTICLE I The name of the cor	NAME poration shall be: ENFERPRISE	FINANCIAL DEVELOP	YENT COMPANY, INC.
	PRINCIPAL OFFICE Principal street address	,	ress, if different is:
204 NORTH	n Fiske Boulevard	8035 NW	16th Aue
^	4 32922	Meani	71 33147
Suite# 5)		
ARTICLE III 1 The purpose for wh	PURPOSE sich the corporation is organized is:	POFESSIONAL ASSO	ociation
			TAIL SE
			8 12 4.55
ARTICLE IV	SHARES es of stock is: ONE Thousand!	7	ma r M
The number of share	as of stock is.		3: C
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	<u>ORS</u>	io Signatura
Name and	Title: KONALD MCCRAY	Name and Title:	
Address	1682 OLLie Street	Address:	
	COCOA, H 32922		· · · · · · · · · · · · · · · · · · ·
Nome and T	Fitle: LEART'S McCRAY	Name and Title	
Address	10035 N.W. 16 # AVE	Address:	
Address	Minn H 3314	7	
	7 17.0.000 7 7. 30 7 7		
			· · ·
Name and T	Title:	Name and Title:	
Address		Address:	

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Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accepta	able) of the registered agent is:
Name: Ronald McCRAY	
Name: Rowald McCRAY Address: 1682 Ollie ST	
COCOA, If 32922	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Royald McClay Address: 1682 Ollie ST.	
Address: 1682 Ollie ST.	
COCOA, H. 3292	12
Having been named as registered agent to accept service of p this certificate, I am familiar with and accept the appointment	process for the above stated corporation at the place designated in t as registered agent and agree to act in this capacity
Boneld Malana	Deluory 10,2014
Required Signature/Registered Agen	nt Pate
I supmit this document and affirm that the facts stated herei document to the Department of State constitutes a third degree	in are true. I am aware that the false information submitted in a efelony as provided for in s.817.155, F.S.
Made / Clay Required Signature/Incorporator	Jaluary 10 2014
	TALL SEC