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PICK-UP	WAIT	MAIL			
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COVER LETTER

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

	rtica Enterprises, Inc.		
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal 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	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM: _	Carlene Barbosa	e (Printed or typed)	
	47 Nancy Lane		
-		Address	······································
	Santa Rosa Beach, FL 324	459	
	City,	State & Zip	
	850-496-5478		
-	Daytime 7	elephone number	
	Barbosaintl@yahoo.com		
	E-mail address: (to be use	ed for future annual report	notification)

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

Valerie Harring Florida Department of State Regulatory Specialist II New Filing Section

Subject: Artica Enterprises, INC.

rises, INC. April 7, 2014

Ref. Number: W14000019991 Letter Number: 814A00006733

I received the returned application for Articles of Incorporation and your information letter April 4th 2014.

I was unaware of the 120 day waiting period after a name dissolution. The date of the Voluntary dissolution of Artica Enterprises Corporation was February 8th 2014, 120 days would put the date of name availability at June 10th 2014.

Your letter stated we have 60 days to respond this situation. The Date on your letter is March 31st 2014. 60 days would make it May 30th, 2014. I'm 10 day shy of getting the Name.

We would really like to use the Name. I called your office and spoke to Thomas on Monday April 7th2014.

Thomas said the 60 day dead line is not set in stone. He suggested too wait till about June 5th resend our application to your attention with an explanation letter. And pending no further hick ups, it should process through.

I just wanted to send this information as a letter of intent. Could you correspond if this is not doable?

Thank you so much,
Best regards,
Carlene Barbosa
47 Nancy Lane
Santa Rosa Beach, FL 32459
850-496-5478



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2014

CARLENE BARBOSA 47 NANCY LANE SANTA ROSA BEACH, FL 32459

SUBJECT: ARTICA ENTERPRISES, INC.

Ref. Number: W14000019991

We have received your document for ARTICA ENTERPRISES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 814A00006733

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

Principal office Principal street address 1598 S. Co. Hwy. 393 Suite 103.		Mailing address, if P.O. Box 1701	Mailing address, if different is: P.O. Box 1701 Santa Rosa Beach, FL 32459		
		Santa Rosa Beac			
Santa Rosa Be	each, FL 32459				
RTICLE III PUR be purpose for which the The corporation	POSE he corporation is organized is: n is formed to conduct and transa	ct all lawful business activit	ies.		
	stock is: <u> "IAL OFFICERS AND/OR DIRECTOR</u> Antonio Barbosa, President		214 APR 14 PM 1: 26		
e number of shares of RTICLE V INIT Name and Title	Antonio Barbosa, President 47 Nancy Lane Santa Rosa Beach, FL 32459 Greg Keith, V. President	Name and Title:	14 PM 1: 26		

' '	1000		TO SECRETARY OF LINE
Name :	and Title:	_ Name and Title:	TIVISION OF CORPURZING
Addre	ss	Address:	2014 APR 14 PM 1: 26
ARTICLE VI	REGISTERED AGENT		
The name and	Florida street address (P.O. Box NOT acceptable) of	of the registered agent i	s:
Name:	Carlene Barbosa		
Address:	47 Nancy Lane	_	
	Santa Rosa Beach, FL 32459		
ARTICLE VIII The name and a	address of the Incorporator is: Carlene Barbosa		
Address:	47 Nancy Lane	-	
, tudi (ss.	Santa Rosa Beach, FL 32459		
	amed as registered agent to accept service of proces I am familiar with and accept the appointment as rej		
(nelue)	Schman		03/25/14
	Required Signature/Registered Agent		Date
l submit this do document to the	ocument and affirm that the facts stated herein are Department of State constitutes a third degree felot	true. I am aware tha ny as provided for in s.	t the false information submitted in a 817.155, F.S.
1	R /		12/2-/14
(Orlene!	Required Signature/Incorporator		Date Date