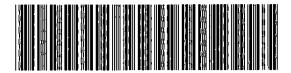
## P14000075004

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TO ACKNOWLEDGE

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## **COVER LETTER**

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

SUBJECT:	Ten Til Nine	<del>-</del>	
	(PROPOSED CORPORA	TE NAMË – <u>MUST INCL</u> I	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	eles of incorporation and	l 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	PY REQUIRED
	TAMAHASUL, FI  City,  BSO) 405-4  Daytime T	State & Zip 010 elephone number	natification
	E-mail address: (to be use	u for future annual report	nourication)

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)

The name of the corporation s	hall be: Pn+11 N	ine Enter	Hunnent	INC.		
ARTICLE II PRINCIPAL OFFICE  Principal street address  321 Physical Dr. Apt.A.		М	Mailing address, if different is:			
TAHAHASSEL	JF(					
32310				<del></del>		
The purpose for which the co	Erporation is organized is:	rote, publ	ish, cloth	<u>ung</u>		
				20.00		
				77		
ARTICLE IV SHARES The number of shares of stock			•	' <sup>5</sup> ''		
	OFFICERS AND/OR DIRECTO					
Name and Title:	servick O. Williams	Name and Title:_	C.E. 0.			
Address	321 elhwinkle Apt.	Address:				
1	Allahussee, Fl 32310					
<del></del>	32510	<del></del> -				
Name and Title:	Landy G. Cillburt	Name and Title:	C.0.0.			
Address	321 Rehwinkle A	Address:				
	Tallahaisee fl					
	32310		·	74.12		
Name and Title:	Shortnal Ward	Name and Title:_	Presiden	+		
Address	21 rehunique Apt	Address:				
_	CAllubaske, Fl					
	32360					

Name and	Title: Domina	YAtes	Name and Title:	Vice	Preside	nt	
Address	321 puh	workle Apt. A	Address:	·			
	TAllaha	fre, fl					
	3270	/ '		_			
ARTICLE VI	REGISTERED AGE						
The name and Flo	orida street address (P.C	. 1	of the registered age	nt is:			
Name:	Demik 1	Mushs			<b>72</b> %	7	
Address:	321 Rehu	incle Apt. A	<u>.</u>		2	0 0 0 0 0	
	TAllahasse	e, F1 32510	)			$\overline{\circ}$	"; " <del></del>
		<del>, , , , , , , , , , , , , , , , , , , </del>			£1 	7	
ARTICLE VII	INCORPORATOR					÷.	
The name and add	dress of the Incorporator	is:			受制	<u>5</u>	
Name:	D andil	Gilbert					
Name:	201 01	Latu And	Γ <b>Α</b> .				
Address:	311 100	WINCE					
	(Allahass	14,F1 565					
Having been nam	ned as registered agent to	o accept service of proce	ess for the above sta	ted corporation	n at the place	designa	ted in
this certificate, I a	m familiar with and acc	A 0//	registered agent and	agree to act in	this capacity	h1 /	
	Dende 1	Waller			24/10/	14	
	Required Signa	ture/Registered Agent		-	Date	<del>,                                    </del>	
I submit this doct	ument and affirm that t	he facts stated herein a	re true. I am aware	that the false	information si	ubmitted	in a
document to the L	Department of State cons	titutes a third degree fel	ony as provided for i	in s.817.155, F	4.S. 60 /	1.24	
Many 1.					סוקוט	'//1	
1	Required Sig	nature/Incorporator	<del></del>		Da	Je –	