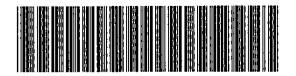
## 14000097737

(Requestor's Name)			
(Address)			
·			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT M	IAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status _			
Special Instructions to Filing Officer:			
Dro × ····			
DEC - 5 2014			
A. DUNLAP			

Office Use Only



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## **COVER LETTER**

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

SUBJECT:	ELEFAY	Æ INC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l 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 o Status
	ESSIE LEFAYE (	GLOVER	
FROM:		(Printed or typed)	<del> </del>
79	972 WAXWING A	VENUE	
		Address	
JŽ	ACKSONVILLE,	FL 32219	
_ <del></del>	City,	State & Zip	
(9	365-3129		
	Daytime T	elephone number	
gl	overessie@yahoo.c		
	E-mail address: (to be use	d for future annual report i	notification)

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



November 12, 2014

ESSIE L. GLOVER 7972 WAXING AVENUE JACKSONVILLE, FL 32219

SUBJECT: ELEFAYE INC. Ref. Number: W14000068328

We have received your document for ELEFAYE INC. and check(s) totaling \$190.00. However, your check(s) and document are being returned for the following:

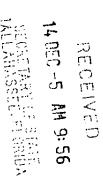
I am sorry, but it appears that we did not receive the entire US Post Office money order with your document. Please return the enclosed Articles of Incorporation with the complete money order.

The total amount needed to file Articles of Incorporation is \$70.00 plus \$8.75 for each certificate of status and certified copy requested.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Andy Dunlap Senior Section Administrator

Letter Number: 814A00024113



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

The name of the corp	VAME poration shall be:	ELEFAYE IN	C.			
ARTICLE II PRINCIPAL OFFICE Principal street address 7972 WAXWING AVENUE			Mailing ad	Mailing address, if different is:		
	/ILLE, FL 322					
ARTICLE III P The purpose for whi	URPOSE ch the corporation is or	ganized is: ANY A	ND ALL LAWFU	IL BUSINESS		
				≅∽ =		
				A DEC		
The number of shares	NITIAL OFFICERS	<i>and/or director</i> AYE GLOVER		-5 PM 2: 47 ARY OF STATE ASSEE FLORIDA		
Address	PRESIDE		Address:			
		/ILLE, FL 32219				
Address	<u> </u>					
Name and T	itle:		Name and Title:			
Address	-					

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and FI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	f the registered agent is:	<del></del>
Name:	ESSIE LEFAYE GLOVER	- 3s <b>-</b>	
Address:	7972 WAXWING AVENUE	TECR -	-
	JACKSONVILLE, FL 32219	HASS	
ARTICLE VII	INCORPORATOR	WAY BE	n J
The name and ad	Idress of the Incorporator is:	2: 47	
Name:	ESSIE LEFAYE GLOVER		
Address:	7972 WAXWING AVENUE	_	
	JACKSONVILLE, FL 32219	_	
this certificate, I de la submit this doc	Required Signature/Registered Agent	Date  true. I am aware that the false information submitte	<u>f</u>