P150000 aa 357

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

Office Use Only



000268970900

02/17/15--01027--003 **78.75

FILED
2015 MAR-6 FH 2: 39

3/2 V

COYER LETTER

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

	e Enterprises Florida Inc.		
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal 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	& Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	indy H. Levy Name 928 N.W. 48 Ave.	e (Printed or typed)	
		Address	
Ta	amarac, Fl. 33319		
_	City,	State & Zip	
9	54-557-6366		
	Daytime T	elephone number	
ag	gapeenterprises01@gmail.co	om	
	E-mail address: (to be use	d for future annual report	notification)

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



February 19, 2015

CINDY H. LEVY 4928 N.W. 48 AVE TAMARAC, FL 33319

SUBJECT: AGAPE ENTERPRISES FLORIDA INC.

Ref. Number: W15000012430

We have received your document for AGAPE ENTERPRISES FLORIDA 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

Letter Number: 315A00003580

Carol Mustain Regulatory Specialist II

www.sunbiz.org

in compniance with Chapter out and/or Chapter 021, r.S. (Front)

<i>RTICLE II PRI</i> 928 NW 48 ave.	NCIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:	
amarac, Fl. 3331	9			
	he corporation is organized is:	To produce, market and sell static film that a toll sell for ease of moving from one car to another.		
			PILE MAR -6	
RTICLE IV SHA he number of shares of	LRES 1 stock is:	· · · · · · · · · · · · · · · · · · ·	PH 2: 39	
Name and Title Address	Cindy H. Levy Pres. 4928 NW 48 ave Tamarac, Fl. 33319	RECTORS Name and Title: Address:	Daniel J. Levy Tres. 4928 NW 48th. Ave. Tamarac, Fl. 33319	
Name and Title Address	Lisa J. Allen 1519 Washington St. Hollywood, Fl. 33021	Name and Title: Address:		

			, ,
/ · · · · · · · · · · · · · · · · · · ·			
Name a	and Title:	Name and Title:	
Addre	SS	Address:	
		···	
ARTICLE VI			
	Florida street address (P.O. Box NOT accept Sol Levy	able) of the registered agent is	;
Name:	4928 NW 48 Ave.		
Address:	Tamarac, Fl. 33319	**************************************	
	,	· · · · · · · · · · · · · · · · · · ·	
ARTICLE VI	I INCORPORATOR		
	· · · · · · · · · · · · · · · · · · ·		
	address of the Incorporator is: Sol Levy		
Name:	4928 NW 48 Ave.		
Address:	Tamarac, Fl. 33319		
	A		
Having been no	amed as registered agent to accept service of	process for the above stated c	corporation at the place designated
this certificate,	I am familial with and accept the appointmen	nt as registered agent and agre	ee to act in this capacity
	tas	<u></u>	27/15
	Required Signature/Registered Age	ent	Date
I submit this de	ocument and affirm that the facts stated here e Department of Sidte constitutes a third degre	ein are true. I am aware that ee felony as provided for in s.8	the false information submitted it
aveament to m		se jetoriy us provincu jor ne sie	7/2/1
	Required Signature/Incorporator	.	Date
)			· • •
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