P15000039198

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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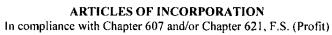
COVER LETTER

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

SUBJECT: WIA	e A bridges Enterp	rises, inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	cicles 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
		ADDITIONAL CO	Status OPY REQUIRED
FROM:	Mae Bridges		
	Nam	e (Printed or typed)	
4	444 Lake Opal Ct.		
	•	Address	
	Apopka, FL 32703		
	City	, State & Zip	
	407-884-0298		
	Daytime 7	Telephone number	
	N/A		
	E-mail address: (to be use	ed for future annual report	notification)

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

Mae A. Bridge 4-23-15





ARTICLE I NA The name of the corpor	ME Mae A Bridges E	Enterprises, Inc. 15 APR 28 PH 12: 5
ARTICLE II PR	INCIPAL OFFICE Principal street address	SECRETARY OF TATE Mailing address in different ORIDA
444 Lake Opal	Ct.	- CONTROL
Apopka, FL 32	703	4-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
ARTICLE III PUI The purpose for which	RPOSE the corporation is organized is: to enga	ge in E-Commerce Retail of General Merchandise
	TIAL OFFICERS AND/OR DIRECTO	
Name and Tit	Mae Bridges, President	Name and Title:
Address	444 Lake Opal Ct. Apopka, FL 32703	Address:
	2,	Name and Title:
Address		
Name and Title	::	Name and Title:
Address		Address:
		

(conti.)



Name a	nd Title:	Name and Title A	™ 28 PH 12: 5:
Addres	s		HARSEE FLORIDA
ARTICLE VI	REGISTERED AGENT		
The name and F	Iorida street address (P.O. Box NOT acceptable) of the registered agent is	3:
Name:	Mae Bridges		
Address:	444 Lake Opal Ct.		
	Apopka, FL 32703		
ARTICLE VII			
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	Mae Bridges		
Address:	444 Lake Opal Ct.		
	Apopka, FL 32703		
this certificate, I	med as registered agent to accept service of proc am familiar with and accept the appointment as	registered agent and agr	ee to act in this capacity
	Required Signature/Registered Agent		$\frac{4-9-3-15}{\text{Date}}$
I submit this do	cument and affirm that the facts stated herein a Department of State constitutes a third degree fe	re true. I am aware tha	
	Mae A. Bridger Required Signature/Ingorporator		H + 23 - 15 Date
	, 3		