P1000034331

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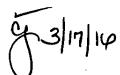
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COVER LETTER

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

SUBJECT:	L. Bush Enterprises, Inc. (PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)		
	(,		
nclosed are an	original and one (1) copy of the art	icles of incorporation and	d a check for:		
■ \$70.0 Filing Fe	/ 1	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CC	or i Required		
FROM:	: Marsha L. Moore Name (Printed or typed)				
	4709 Shearwater Lane		<u> </u>		
	Naples, FL 34119	Address	HAR -9 PH		
	City,	State & Zip	10 至 6		
	(239) 593-4663				
	Daytime T	elephone number			
	moorefuninthesun@gmail.com				
	E-mail address: (to be use	d for future annual report i	notification)		

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)

FILED

44

ARTICLE I NAME The name of the corpora		ises, Inc.	16 MAR -9 PM 1
ARTICLE II PRINC	CIPAL OFFICE Principal <u>street</u> address	Mailing add	130 ET MAY EF STA
4709 Shearwater Lane			
Naples, FL 34119			
ARTICLE III PURPO The purpose for which to	OSE the corporation is organized is:	o conduct any and all lawful business	
	444		
		WWW.	
ARTICLE IV SHAR The number of shares of ARTICLE V INITIA	stock is: AL OFFICERS AND/OR DIREC	TORS	
Name and Title		Name and Title:	· · · · · · · · · · · · · · · · · · ·
Address	4709 Shearwater Lane	Address:	
	Naples, FL 34119		
Name and Title		Name and Title:	
Address			
Address		Address:	
	-		
Name and Title	:	Name and Title:	
Address		Address:	

Name and Title:		Name and Title:	Name and Title:		
Address		Address:	_		
	REGISTERED AGENT Torida street address (P.O. Box NOT acce	ptable) of the registered agent is:			
Name:	Marsha L. Moore				
Address:	4709 Shearwater Lane				
	Naples, FL 34119				
ARTICLE VII	<u>INCORPORATOR</u>	Time of the state of the stat	*		
The name and a	ddress of the Incorporator is:				
Name:	Marsha L. Moore		.s		
Address:	4709 Shearwater Lane		47 ,		
	Naples, FL 34119		, . ,		
Effective date, if (If an effective of days after the fi	iling.)	. (OPTIONAL) Id cannot be more than five business days prior or 90 business objects of the statutory filing requirements, this date will not be listed a			
	effective date on the Department of State's				
		f process for the above stated corporation at the place designated ent as registered agent and agree to act in this capacity	l in		
- Man	Required Signature/Registered A	gent $\frac{3/4/16}{\text{Date}}$	_		
		rein are true. I am aware that the false information submitted in ree felony as provided for in s.817.155, F.S.	n a		