P16000035001

(Requestor's Name)					
(Requestors Marrie)					
(Address)					
(Address)					
(Address)					
(7.0	141033)				
(Ci	ty/State/Zip/Phon	a #0			
(ty/Otate/Zip/Filon	G #)			
PICK-UP	MAIT	MAIL			
(Bu	siness Entity Na	me)			
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to	Filing Officer:				
l					
		j			
		İ			
		I			
		;			
	WIL	e-28315			

Office Use Only



900283790239

04/08/16--01015--010 **70.00

APR 2 0 2016 S. PRATHER



April 18, 2016

ANDREW G. HOLLIMAN 501 ENTERPRISE DRIVE PANAMA CITY BEACH, FL 32408

SUBJECT: PANHANDLE ENTERPRISES, INC

Ref. Number: W16000028315

We have received your document for PANHANDLE ENTERPRISES, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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.

Stacy Prather Regulatory Specialist III

Letter Number: 716A00007893

COVER LETTER

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

SUBJECT: PA	NHAN	DLE ENTERPRISES, INC			
SOBJECT	,	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an	origir	al and one (1) copy of the arti	cles of incorporation and	l a check for:	
\$70.0 Filing Fo	00 ee	\$78.75 Filing Fee & Certificate of Status	& Certified Copy	Filing Fee, Certified Copy & Certificate of Status	
			ADDITIONAL CO	PPY REQUIRED	
FROM	ANDREW G. HOLLIMAN Name (Printed or typed)				
	501 ENTERPRISE DRIVE				
	Address				
	PANAMA CITY BEACH, FL 32408				
	City, State & Zip				
	850-8	90-0234			
	Daytime Telephone number				
	panhandleentllc@comcast.net				
		E-mail address: (to be used	for future annual report r	notification)	

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

APRIL 20, 2016

TO WHOM IT MAY CONCERN. I AM THE ORIGINATOR AND HEAD OF BOTH PANHANDLE ENTERPRISES, LLC AND PANHANDLE ENTERPRISES, INC. FOR ANY QUESTIONS PLEASE CONTACT ME AT INFORMATION BELOW. THANK YOU,

ANDREW G HOLLIMAN

ADDRESS: 501 ENTERPRISE DRIVE PC BEACH, FL 32408

MAIL: PO BOX 7644 PC BEACH, FL 32413

PHONE: 850-890-0234

E-MAIL:

panhandleentinc@comcast.net

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

ICLE II PRIN	<u>CIPAL OFFICE</u>		
ENTERDRISE DE	Principal street address	Mailing addres	s, if different is
ENTERPRISE DE		PO BOX 7644	NI TY 00410
NAMA CITY BEA	CH, FL 32408	PANAMA CITY BEAC	CH, FL 32413
WALETT DUMP	voc.		···
ICLE III PURP purpose for which	the corporation is organized is:	ON OF BUSINESSES IN FLORI	DA.
	-		
· · · · · · · · · · · · · · · · · · ·			
		ACRES 100	
 .			
		· · · · · · · · · · · · · · · · · · ·	
ICIFIV QUAD	er c		
ICLE IV SHAR number of shares of	ES 100 f stock is:		
ICLE IV SHAR number of shares of	EES 100 f stock is:		
number of shares of	f stock is:	<u> </u>	
number of shares of	f stock is:		
number of shares of	f stock is:	JT Name and Title:	
TURNIDER OF Shares of TICLE V INITE Name and Title	f stock is:		
number of shares of	f stock is:	VT Name and Title:Address:	
Tumber of shares of ICLE V INITE Name and Title	f stock is:		
TURNIDER OF Shares of TICLE V INITE Name and Title	f stock is:		
TURNIDER OF Shares of TICLE V INITE Name and Title	f stock is:		
Name and Titl Address	AL OFFICERS AND/OR DIRECTORS ANDREW G. HOLLIMAN, PRESIDEN 501 ENTERPRISE DRIVE PANAMA CITY BEACH, FL 32408	Address:	
Name and Titl Address	f stock is:	Address:	
Name and Titl Address	AL OFFICERS AND/OR DIRECTORS ANDREW G. HOLLIMAN, PRESIDEN 501 ENTERPRISE DRIVE PANAMA CITY BEACH, FL 32408	Address: Name and Title:	
TICLE V INITE Name and Title Address	AL OFFICERS AND/OR DIRECTORS ANDREW G. HOLLIMAN, PRESIDEN 501 ENTERPRISE DRIVE PANAMA CITY BEACH, FL 32408	Address: Name and Title:	
TICLE V INITE Name and Title Address	AL OFFICERS AND/OR DIRECTORS ANDREW G. HOLLIMAN, PRESIDEN 501 ENTERPRISE DRIVE PANAMA CITY BEACH, FL 32408	Address: Name and Title:	
TICLE V INITE Name and Title Address	AL OFFICERS AND/OR DIRECTORS ANDREW G. HOLLIMAN, PRESIDEN 501 ENTERPRISE DRIVE PANAMA CITY BEACH, FL 32408	Address: Name and Title:	
TICLE V INITE Name and Title Address	AL OFFICERS AND/OR DIRECTORS ANDREW G. HOLLIMAN, PRESIDEN 501 ENTERPRISE DRIVE PANAMA CITY BEACH, FL 32408	Address: Name and Title:	
Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTORS AL OFFICERS AND/OR DIRECTORS ANDREW G. HOLLIMAN, PRESIDEN 501 ENTERPRISE DRIVE PANAMA CITY BEACH, FL 32408	Address: Name and Title: Address:	
Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTORS ANDREW G. HOLLIMAN, PRESIDEN 501 ENTERPRISE DRIVE PANAMA CITY BEACH, FL 32408	Address: Name and Title: Address:	
Name and Title Address Name and Title	AL OFFICERS AND/OR DIRECTORS ANDREW G. HOLLIMAN, PRESIDEN 501 ENTERPRISE DRIVE PANAMA CITY BEACH, FL 32408	Address: Name and Title: Address: Name and Title:	
Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTORS AL OFFICERS AND/OR DIRECTORS ANDREW G. HOLLIMAN, PRESIDEN 501 ENTERPRISE DRIVE PANAMA CITY BEACH, FL 32408	Address: Name and Title: Address: Name and Title:	

Name a	nd Title:	Name and Title:
Addres	S	Address:
	REGISTERED AGENT Storida street address (P.O. Box NOT acceptable) of	of the registered agent is:
Name:	ANDREW G. HOLLIMAN	
Address:	501 ENTERPRISE DRIVE	_
	PANAMA CITY BEACH, FL 32408	-
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	
Name:	ANDREW G. HOLLIMAN	_
Address:	501 ENTERPRISE DRIVE	_
	PANAMA CITY BEACH, FL 32408	
Effective date, if (If an effective days after the f	iling.)	ot be more than five business days prior or 90 business e statutory filing requirements, this date will not be listed as
this certificate, I	am familiar with and agcept the uppointment as re Required Signature/Registered Agent	4/1/6 Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
Requ	ired Signature/Incorporator	