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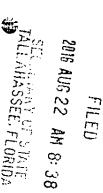
(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL MAIL	
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(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
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COVER LETTER

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

Ø SUBJECT:	R III ENTERPRISE, INC		
SUBJECT:	(PROPOSED CORPORA	ΓΕ NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the arti	cles of incorporation and	d a check for:
☐ \$70.0 Filing Fe	•	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status PV REQUIRED
FROM:	CARLOS RIVERA	(Printed or typed)	
		(i finited of typed)	
	2465 Willow Drop Way		
	A	Address	
	Oviedo, FL 32766		
	City,	State & Zip	
	(407) 274 - 0360		
	Daytime T	elephone number	
	mat292004@gmail.com		
	E-mail address: (to be used	for future annual report	notification)

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

1



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 10, 2016

CARLOS RIVERA 2465 WILLOW DROP WAY OVIEDO, FL 32766

SUBJECT: CTR ENTERPRISE, INC

Ref. Number: W16000055241

We have received your document for CTR ENTERPRISE, INC and your check(s) totaling \$87.50. 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 since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 816A00016835

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

FILED

RTICLE IV SHARES e number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Address: Address: Address: Address: Address: Address: Address: Address: Address:	AM 8: 38
Address Name and Title: Address Address Address Address: Oviedo, FL 32766 Name and Title: Address Address: Address:	OF STATE LELORIDA
RTICLE IV SHARES te number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address CARLOS RIVERA, President Address Oviedo, FL 32766 Name and Title: Name and Title: Address Name and Title: Address Address: Address: Address:	
Name and Title: Name and Title: Address Address: Address Name and Title: Address: Address: Address: Address:	l industrial
Name and Title: Oviedo, FL 32766 Name and Title: Address Name and Title: Address Name and Title: Address Name and Title: Address Address Name and Title: Address Address Address Name and Title: Address Address: Address: Address: Address:	
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Name and Title: Address Oviedo, FL 32766 Name and Title: Address:	
Address: Address:	
Name and Title: Name and Title: Address: Address:	

FILED 2016 AUG 22 AM 8: 38 Name and Title: Name and Title: Address: The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 2465 Willow Drop Way Effective date, if other than the date of filing: ______ July 18, 2016 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature/Incorporator

Address

Name:

Address:

Name:

Address:

days after the filing.)

ARTICLE VI REGISTERED AGENT

ARTICLE VII_ INCORPORATOR

The name and address of the Incorporator is:

ARTICLE VIII EFFECTIVE DATE:

CARLOS RIVERA

Oviedo, FL 32766

2465 Willow Drop Way

CARLOS RIVERA

Oviedo, FL 32766