## P11000003413

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone #	)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Name	)		
(Do	ocument Number)			
Certified Copies	_ Certificates o	f Status		
Special Instructions to Filing Officer:				

Office Use Only



800293712858

01/03/17--01042--019 \*\*78.75

DEGREE AND STATE

110 100

## **COVER LETTER**

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

SUBJECT: Cheryl A	Annette Adkins' Inc					
SUBJECT.	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)					
Enclosed are an orig	inal 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	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
		ADDITIONAL CO	)PY REQUIRED			
FROM:	eryl Annette Adkins Name 4 sw 6th ave	e (Printed or typed)				
<del></del>	Address					
Сар	e Coral Florida 33914					
	City, State & Zip					
239	-699-5987					
<del></del>	Daytime Telephone number					
cadl	xins2@comcast.net					
<del></del>	E-mail address: (to be use	d for future annual report	notification)			

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

January 4, 2017

CHERYL ANNETTE ADKINS 4214 SW 6TH AVENUE CAPE CORAL, FL 33914

SUBJECT: CHERYL ANNETTE ADKINS

Ref. Number: W17000000313

We have received your document for CHERYL ANNETTE ADKINS 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 117A00000102

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

	ation shall be:	17 JAN 12 PM 2: 41
ARTICLE II PRING	Cheryl Annette Adkins Incation shall be:  CIPAL OFFICE  Principal street address	Mailing addless, it airreich and A
Cape Coral Fl 33914		
RTICLE III PURP	OSE the corporation is organized is:	ecting of business under the laws of the State of Florida.
,		
RTICLE IV SHAR		
	AL OFFICERS AND/OR DIRECTORS	
RIICEE V IIVIII		
Name and Titl	Chard A Adkins Provident	Name and Title:
Name and Titl	Chard A Adkins Provident	Name and Title:Address:
	e:	
	e: Cheryl A Adkins President 4214 sw 6th ave	
Address	e: Cheryl A Adkins President 4214 sw 6th ave Cape Coral Fl 33914	
Address	e: Cheryl A Adkins President 4214 sw 6th ave Cape Coral Fl 33914	Address:  Name and Title:
Address  Name and Title	e: Cheryl A Adkins President 4214 sw 6th ave Cape Coral Fl 33914	Address:  Name and Title:
Address  Name and Title  Address	e: Cheryl A Adkins President 4214 sw 6th ave Cape Coral Fl 33914	Name and Title:  Address:
Address  Name and Title  Address	e: Cheryl A Adkins President 4214 sw 6th ave Cape Coral Fl 33914	Address:  Name and Title:  Address:  Name and Title:

Name a	and title:	Name and Title:	
Addre	ss	Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	Cheryl A Adkins		
Address:	4214 sw 6th ave		ALLE TO
	Cape Coral Fl 33914		AN 12
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		7 JAN 12 PH 2: 41 SECTIONS ALLAHASSEE FLORID
The name and	address of the Incorporator is:		2:41 STATE FLORIDA
Name:	Cheryl A Adkins		<b>D</b> '
Address:	4214 sw 6th ave		
	Cape Coral Fl 33914		
Effective date,	if other than the date of filing: 01/01/2017 date is listed, the date must be specific and	(OPTIONA cannot be more than five days	
	te inserted in this block does not meet the appli- effective date on the Department of State's rec		nts, this date will not be listed as
Having been no this certificate,	amed as registered agent to accept service of p I am familiar with and accept the appointment	rocess for the above stated corp as registered agent and agree to	poration at the place designated in act in this capacity
Chul	A. Adkins		12/29/2016
<del></del>	Required Signature/Registered Ager	nt	Date
	ocument and affirm that the facts stated herei		
aocument to the	e Department of State constitutes a third degree	e jeiony as provided for in s.817.	12/29/2016
Req	fired Signature/Incorporator		Date