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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	W AIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: AD ENTERPRISE OF WEEKI WACHEE, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$78.75

FROM: ANTHONY DEPRIMO 15284 MOUNT SPARROW RD. WEEKI WACHEE, FL 34614

ARTICLES OF INCORPORATION

AD ENTERPRISE OF WEEKI WACHEE, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural persons(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

The name of the corporation is:

NAME

AD ENTERPRISE OF WEEKI WACHEE, INC.

ARTICLES II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLES III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLES IV - CAPITAL STOCK

The corporation is authorized to issue one hundred shares (100) of one Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

ANTHONY DEPRIMO

- 11			
ADDRESS	15284 MOUNT SPARROW RD.		
CITY	WEEKI WACHEE, FL 34614		
The name and street address of the Initial Registered Agent of this Corporation is:			
NAME	ANTHONY DEPRIMO		
ADDRESS	15284 MOUNT SPARROW RD.		
CITY	WEEKI WACHEE, FL 34614		

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ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	ANTHONY DEPRIMO					
<u>ADDRESS</u>	15284 MOUNT SPARROW RD.					
CITY	WEEKI WACHEE	STATE	FL	ZIP	34614	
NAME					<u> </u>	
ADDRESS						
<u>CITY</u>		STATE		ZIP		
NAME						
ADDRESS		- <u></u>		<u>.</u> .	•	
CITY		STATE		ZIP		
	ARTICLE VII	– INCORPORATO	ORS			
The name(s) a follows:	and addresses of the incorpor	ators signing these	Articles	of Incorp	oration are as	
NAME	ANTHONY DEPRIMO	<u>.</u>				
ADDRESS	15284 MOUNT SPARROW RD.					
CITY	WEEKI WACHEE	STATE	FL	ZIP	34614	
NAME		·			<u>. </u>	
ADDRESS						
CITY		STATE_		ZIP		
NAME						
ADDRESS		-				
CITY		STATE_		ZIP		

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 7 day of 161, 2017

No. of Section	JAMES KEVIN HOWELL
	MY COMMISSION # FF914380
	EXPIRES August 31, 2019
(407) 368-0163	FloridaNot ary Service, som

Centry	Min (Seal)
	(Seal)

_____(Seal)

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 7 day of FED, 20/7.

(Notary Seal)
(Notary Public, State of Florida at Large)

MY COMMISSION # FF914380
EXPIRES August 31, 2019
flondsNotarydervice.com

My Commission expires:

CERTIFICATE AND ACKNOWLEDGMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

AD ENTERPRISE OF WEEKI WACHEE, INC.	
(name of corporation)	
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Corporation	
at 15284 MOUNT SPARROW RD.	_
WEEKI WACHEE, FL 34614	
has named ANTHONY DEPRIMO	

located at the aforesaid address, as its Registered Agent, to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

SECRETARY OF SIAIE TALLAHASSEE. FLORIDA

(registered agent)