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(Da	augetore Nama)		
(Requestor's Name)			
(Add	dress)		
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(Add	dress)		
(City	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(24)	J. 1000 E. 101, 114.	,	
(Do	cument Number)	<u> </u>	
Certified Copies	Certificates	s of Status	
Special Instructions to I	Filing Officer:		

Office Use Only

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COVER LETTER

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

SUBJECT:	osmo Enterjor	LO TIMOS/ TÉNAME-MUSTINOU	porated	
	(PROPÓSED CORPORA	TE NAMÉ – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an or	iginal and one (1) copy of the arti	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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO		
_	Kissimmee F City. (407) (293 Daytime T	State & Zip 1 4 5 2 elephone number		
E-mail address: (to be used for future annual report 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)

ARTICLE 1 NAM The name of the corpo	ration shall be:	Enterprise	Inc		<u> </u>	
_	Principal office Principal street address Alaud Rd Fl 3)103	To Ku	Mailing address, if displaying the Box 42 symbols of	ifferent is:	Z 347	- -
	POSE h the corporation is organized is:	Recycle, T	owing a	nd		
· · · · · · · · · · · · · · · · · · ·		Name and Ti	tle:	TACUSHASSEU FLUKSIA	17 NOV -9 4: 52	
Name and Ti Address	12431 Peconic Wellington Fl	(VP) Name and Ti (C) Address: 33414	tle:			— — —
Name and Ti Address	ile: Mireille Mondon 4462 St Geori Kessummee F	Name and Ti Res Address:	tle:			

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name: Muelle Mordesir	
Address: 4662 Si Georges Ct	
Kissimmee Fe 347-46	17 NOV
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: PATRICK Cantone	
Address: 4662 St Georges CT	N N
Musalim Mee FO347	الله
ARTICLE VIII _ EFFECTIVE DATE:	
Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific and cannot filing.)	t be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg	
	11-02-2012
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are a document to the Department of State constitutes a third degree felony	
MILLE	11 77 2714
Regarded Signature/Incorporator	