

PI8000007980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

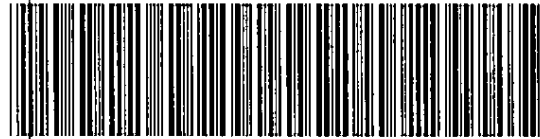
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JAN 24 2018

## COVER LETTER

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

SUBJECT: DREXILE ENTERPRISES INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

ADDITIONAL COPY REQUIRED

FROM: DREXILE ENTERPRISES INC  
Name (Printed or typed)

5769 BEECHWOOD TRL  
Address

FORT MYERS, FL 33919  
City, State & Zip

(239) 281-9683  
Daytime Telephone number

CAPECORALCPA@YAHOO.COM  
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 I NAME**

The name of the corporation shall be: DREXILE ENTERPRISES INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

MARTIN DREXLER  
5769 BEECHWOOD TRAIL  
FT MYERS, FL 33919-3479

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PROVIDE A RESTAURANT  
SERVICE TO THE GENERAL PUBLIC.

**ARTICLE IV SHARES**

The number of shares of stock is: 100,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARTIN DREXLER, PRES. Name and Title: \_\_\_\_\_

Address: 5769 BEECHWOOD TR Address: \_\_\_\_\_

FT MYERS, FL 33919-3479

PRESIDENT/OWNER

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

(cont.)

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: MARY K MORAN  
Address: 6759 LAKE MCGREGOR CIR #B  
FT MYERS, FL 33919

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARTIN D. DREXLER  
Address: 5769 BEECHWOOD TRAIL  
FT MYERS, FL 33919-3479

*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*

<u>MARY K MORAN</u>	<u>1/18/18</u>
Required Signature/Registered Agent	Date

*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.*

<u>Martin D. Drexler</u>	<u>12-20-17</u>
Required Signature/Incorporator	Date