P18000050143

(R	Requestor's Name)			
(Address)				
(Address)				
(C	City/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
		·		
		;		

Office Use Only



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05/07/18--01011--005 +*78.75

18 JUN-4 PM12: 21

COVER LETTER

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

SUBJECT: 🛴 🛭	di RENTATA	OVISA LOCI	IDE SUFFIX)
·	(PROPOSED CORPORA inal and one (1) copy of the ar \$78.75 Filing Fee & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED

FROM:	KOCHELLE LINETTE DERICO
	Name (Printed or typed)
_	lele10 Sn1 18th St
	Address
_	North Lauderdale, Fl 33068
_	754.235.4604
	Daytime Telephone number
_	F-mail address: (to be used for future annual report politication)
	h-mail address: (To be used for future annual report notification)

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



RECEIVED 2018 JUN -4 PM 12: 03

COUNTIONS

OUT OF COMMERCIAL

WOODEN TOWN SERVICES

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2018

ROCHELLE LINETTE DERICO 6610 SW 18TH ST NORTH LAUDERDALE, FL 33068

SUBJECT: LADI R ENTERPRISE, INC

Ref. Number: W18000044249

We have received your document for LADI R ENTERPRISE, INC 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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 018A00009814

18 JUN - 4 PM 12: 21

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

in compliance with campee of	
The name of the corporation shall be:	ENTERPRISE INC
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
6610 Sw 18th St N. Laudtroalt, Fl. 33068	TOUCOAD NUCCULATION
The purpose for which the corporation is organized is:	CAIHY FOOD and excellence
	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
APTICLE IV SHARES Z D D D D D	PM 12: 21
ARTICLE IV SHARES The number of shares of stock is: 5 000	<u> </u>
Name and Title ROUTELE DERICE	Name and Title: DERAIL VILLE TO COLLET
Address 77 NE 6th CI DETRELABA	OPHEL Address: Forthaudtraale, Fl 33311
Name and Title: E1706+hDE	PICID Name and Title:
Address SOUNE 30. B	EUCH, FL Hallandai E BEUCH, F. 33009
Name and Title:	Name and Title:
Address	Address:

Name and Title:	Name and Title:			
Address	Address:			
The name and Florida stree address (P.O. Box NOT acceptable) of	of the registered agent is:			
\\~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
Name:	- 7/14 €			
Address:	21E,FL 33068 =			
- NOTTO NUMERIA				
ARTICLE VII INCORPORATOR	PM 12: 2			
The name and address of the Incorporator is:	** : 21			
120halla 1011	7/)			
Name: 1 1 1 1 Cul 10th	7/ /-			
Address: Off International	0.15 17 2.81 1 2			
NICHTI KUUNCHA	QUE, FL 33068			
ARTICLE VIII EFFECTIVE DATE:				
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 cam	(OPTIONAL) not be more than five business days prior or 90 business			
days after the filing.)				
Note: If the date inserted in this block does not meet the applicab	le statutory filing requirements, this date will not be listed as			
the document's effective date on the Department of State's record	3.			
Having been named as registered agent to accept service of proce-	ess for the above stated corporation at the place designated in			
this certificate.) am familiar with and accept the appointment as	LIIII			
pallell suco	Date Date			
Required Signature/Registered Agent	re true. Lam aware that the false information submitted in a			
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.				
M handle Donad - 486/18				
Required Signature/Incorporator	Date			