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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Linky Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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ALLAHASSE - STATE

COVER LETTER

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

SUBJECT: A	ES ENTERPRISE	z Tuci	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDË SUFFIX</u>)
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	DPY REQUIRED
FROM:	Andrew J Nam 5512 Mossy	. SKERRITH e (Printed or typed) Top Way	
	Tallohasses	F 323	<u>03</u>
	850 459 Daytime	Telephone number	•
·	E-mail address: (to be us	ed for future annual report	

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)

TICLE I NAME name of the corporati	on shall be:	AJESS	Enterpris	es Inc
	PAL OFFICE Principal street	address	λ	failing address, if different is:
55121	1	Top Way = 1, 32303		
	e corporation is			taytelling worksha
MEdia	riting st	ervius, Ca	e privates	enest emillang,
CRIEEL (rnsel	IN TA	tick writ	103
		··	 	
e number of shares of	stock is:	AND/OR DIRECTORS	_	La con Dibons G
e number of shares of RTICLE V INITLA	stock is:	AND/OR DIRECTORS	ReName and Title	Laurina Dibnus C
RETICLE V INITEA	stock is:	AND/OR DIRECTORS	ReName and Title	5512 Mory Try Way
e number of shares of RTICLE V INITLA Name and Title	LOFFICERS	AND/OR DIRECTORS	ReName and Title	5512 Mory Try Way Tallohna Fl. 32303
RTICLE V INITIA Name and Title Address	LOFFICERS	AND/OR DIRECTORS SKritt Ge 1051 y Tap WI OAR FI.	ReName and Title	5512 Mory Try Way Tallohna Fl. 32303
Name and Title	LOFFICERS	AND/OR DIRECTORS SKrit Ge 1051 y Tap WI DAM FI. 3L703	Address: Name and Title Address: Address:	SSIR Mong Try Way Tallohna Fl. 32307
Name and Title Name and Title	LOFFICERS	AND/OR DIRECTORS SKITT GE 1051 YTA WI DOM FI. 3L703	Address: Name and Title Address: Address: Address:	SSIZ Morry Try Way Tallohna Fl. 32303
Name and Title Address Address	LOFFICERS	AND/OR DIRECTORS SKritt Ge 1051 y Tap WI DAM FI.	Address: Name and Title Name and Title Address:	SSIZ MON, TO WAY Tallohna Fl. 32307

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box No Name:	
Address: <u>55/2 Mary To</u>	F 323 63
ARTICLE VII INCORPORATOR	SEE AM
The <u>name and address</u> of the Incorporator is:	Jarritt
Address: 55/2 Moss,	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: If an effective date is listed, the date must be spiling.)	. (OPTIONAL) pecific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not me he document's effective date on the Department o	neet the applicable statutory filing requirements, this date will not be listed as of State's records.
Having been named as registered agent to accept this certificate, I am familiar with and accept the a	service of process for the above stated corporation at the place designated is appointment in registered agent and agree to act in this capacity
Required Signature/Reg	•
I submit this document and affirm that the facts document to the Department of State constitutes a	stated herein are true. I am aware that the false information submitted in thirddegree felony as provided for in s.817.155, F.S.
Required Signature/Incorporator	Date