

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

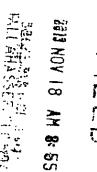
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COVER LETTER

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

Carl SUBJECT:	la Viola Enterprises,Inc.				
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
nclosed are an	original and one (1) copy of the arti-	cles of incorporation and	d a check for:		
(7)					
□ \$70.0		□ \$78.75	☐ \$87.50		
Filing Fe	ee Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy			
			& Certificate of		
			Status		
		ADDITIONAL CO	OPY REQUIRED		
FROM:	Carla Viola Enterpri solo	rla Viola E	nterprises, 1		
	Name	(Printed or typed)	·		
	113 Cranes Lake Dr.				
Address					
City, State & Zip					
	Oky, t	same to Dip			
1	904-534-3683				
-	Daytime Te	lephone number	11-25		
	-	•			
(candyviola3@gmail.com				

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

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

RTICLE II PRINCIPAL OFFICE		
Principal street address		dress, if different is:
3 Cranes Lake Dr.		<u> </u>
onte Vedra Beach,FL 32082		
RTICLE III PURPOSE The purpose for which the corporation is organized.	tis:	
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•		
		
		
RTICLE IV SHARES 1,000shs ne number of shares of stock is:		
RTICLE IV SHARES 1,000shs THE RESTRICT OF STATES AND/OR DESTRUCTION OF THE STATE	<u>IRECTORS</u>	
RTICLE IV SHARES 1,000shs THE RESTRICT OF STATES AND/OR DESTRUCTION OF THE STATE		
RTICLE IV SHARES 1,000shs the number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR D Name and Title: Carla Viola, Director	IRECTORS Name and Title:	
RTICLE IV SHARES 1,000shs he number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR D Name and Title: Address	IRECTORS Name and Title: Address:	
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Name and Title:		Name and Title:	
Address		Address:	
			
	<u>REGISTERED AGENT</u> Sorida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Carla Viola	of the regimered agent is.	
Address	113 Cranes Lake Dr	_	
	Ponte Vedra Beach,FL 32082	_ _	
1071CLC 1/11	NICOBBOD (TOB		
AKIICLEVII	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		
Name:	Carla Viola	_	
Address;	113 Cranes Lake Dr	_	
	Ponte Vedra Beach,FL 32082		
	EFFECTIVE DATE:	~	
	fother than the date of filing:	ot be more than five days prior or 90 days after the	
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as	
	med as registered agent to accept service of proces	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity	
0//	Arla //J/a	11/5/19	
I submit this doc		true. I am aware that the false information submitted in a	
	Oppartment of State constitutes a third degree felo		
	Jula Viola		
C / Carper	ned Signature specialist	Date	