

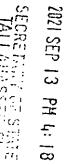
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

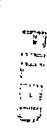
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09/13/21--01021--007 ++78.75







COVER LETTER

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

SUBJECT:	CRO	ENTERPRI	SES INC. RATENAME- <u>MUSTINCI.</u>	
	(Pi	ROPOSED CORPOR	TATE NAME – <u>MUST INCI.</u>	UDE SUFFIX)
Enclosed are an orig	ginal and or	ne (1) copy of the a	rticles of incorporation and	l a check for:
□ \$70.00 Filing Fec	l¥\$78.7 Filing F & Centi		□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status
FROM:			STREET ne (Printed or typed) NOW LAKE DE Address	1 <i>VE</i>
		-REEPORT City	Address FL 32 43: State & Zip 55 - 2423 Telephone number	
	E-ma		Telephone number Elsouth. need for future annual report no	Diffication)
r	ROTE: Ph	ease provide the o	original and one copy of	SECRETARY TALLARY

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

249 1	INCIPAL OFFICE Principal street address MEADOW LAKE DAT FL 3243	DRIVE	Mailin	g address, if different is:
CLE III PUI		<u>.</u>	S AU L	HOFUL DUSINE
CLE V INT	of stock is: 500 TIAL OFFICERS AND/OR DI TITLE: RON OVERSTRE	ET PRESHA		
Address	249 MEANOW OF FREEPORT, FL		dress:	
N1 1 cm1	tle:		ne and Title:	
.vame and Ti			dress:	
Name and Tr				
Address	le:		ne and Title:	(0, 5)
Address		Nan	ne and Title: fress:	ZDZI SEP 13 SECRETARY TALLASAS

Name and	Title:	Name and Title:	
Address		_ Address:	
	19	-	
		-	-
ARTICLE VI R The name and Flo	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) of	f the registered agent is	
Name:	RON OVERSTREET	-	
Address:	249 MEADOW LAKE DRI	VE	
	FREEPORT, FL 32439	-	
ARTICLE VII L	NCORPORATOR		
The name and ado	lress of the Incorporator is:		
Name:	RON OVERTREET		
Address:	249 MEADOW LAKE DRI	VE	
	FREEDORT, FL 32439		
Effective date, if o	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and canno	. (OPTIONAL) t be more than five days pr	rior or 90 days after the
Note: If the date in the document's eff	iserted in this block does not meet the applicable ective date on the Department of State's records.	statutory filing requirements	, this date will not be listed as
Having been name ceptificate, I am far	d as registered agent to accept service of process for nillar with and accept the appointment as registered Required Signature/Registered Agent	r the above stated corporations of the above stated corporations of the state of th	on at the place designated in this this capacity 9 8 202 Date
I submit this document to the Pe	nent and affirm that the facts stated herein are t partment of Spate constitutes a third degree felony	true. I am aware that the fa as provided for in x.817.155	lse information submitted in a , F.S.
Required Signature	Micorporator		9/8/2021
, g		Dai	2021 SEC TA
			Paris (CRE)
			AND P
			SS P. S.
			PH 4: