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COVER LETTER

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

SUBJECT:		
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an original and one (1) copy of the article	eles of incorporation and	la check for:
□ \$70.00 □ \$78.75	N \$78.75 Hiling Fee & Certified Copy	☐ \$87.50
Filing Fee Filing Fee	Hiling Fee	Filing Fee.
& Certificate of Status	& Certified Copy	Certified Copy
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4910 N MON	no st. A	-ot: M/1/
-7-112-14-11(01)	Address	<u> </u>
Talla, F.L.	323	کے
City.	State & Zip	
229- 205- Daytime T	- 0036	
Daytime T	'elephone number	
777010ww Email address: (to be used	200011 0	200

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 corporat	ion shall be: String	EnterPris	of Inc
ARTICLE II PRINC	,		ing address, it different is:
50	ame	Tall	1, 7L 32303
ARTICLE III PURPO The purpose for which the	DSE he corporation is organized is:		,
ARTICLE IV SHAR. The number of shares of	ES stock is:		
	ni. officers and/or direct. President		
Address	CLORIA P. B.	EOW A Address: _	
	TALLA, FL	32303 _	
Address		Address:	2022
			Z JUN 2
Name and Title	:	Name and Title:	- 12 E
Address			9 2:54 STATE
		<u></u>	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptal	ble) of the registered agent is:
Name: (1/toRIA Para More	
Address: 1910 N. Nonroe	
IGhha, 17. 32	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	^
Name: Glozin Paramore	
Address: 4910 N. Monro	e St. Apt M 101
Talla, Fl	32303
ARTICLE VIII EFFECTIVE DATE:	OPTIONAL
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and filing.)	cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the applethe document's effective date on the Department of State's re-	licable statutory filing requirements, this date will not be listed as cords.
Having been named as registered agent to accept service of pro- certificate, I am familiar with and accept the appointment as r	ocess for the above stated corporation at the place designated in this egistered agent and agree to act in this capacity
Required Signature/Registered Ages	$\frac{\sqrt{-24-22}}{\text{Date}}$
I submit this document and affirm that the facts stated here document to the Department of State constitutes a third degree	in are true. I am aware that the false information submitted in a effective effective for in s.817.155, F.S.
There T. Drouge	10-24-22
Required Signature/Incorporator	Date

• • • •

