# P96000052113

### TRANSMITTAL LETTER

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

SUBJECT: Audroy	Entorprison, In	c.			
cinclosed is an origina		name - must include su Opy of the articles o		and a check	
for :  \$70.00  Filing Fee	\$78.75 Filing Fee & Certificate	#122.50 Filing Fee & Certified Copy Additional Cop	#131.25 Filing Fee, Certified Copy & Certificate y Required		
FROM:	June T	hompson			
FROM	Name (printed or typed)		္		
	23 Clintwood Ave.			<b>.</b> .	
	Address		17	<u> </u>	
	Englew	ood FL 34223			
	Ci	City, State & Zip		会員 ず	ر
(941) 475 2615				14 m 25	
	Daytim	Telephone number			

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



#### ARTICLES OF INCORPORATION

FILED

96 JUN 17 MI 10: 25

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business A Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Audroy Entorprison, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

23 Clintwood Avo. Englowood FL 34223

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is; one thousand (1,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: June Thompson

June Thompson
23 Clintwood Ave.
Englewood FL 34223

#### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(x) and street address(px) of the incorporator(x) to these Articles of Incorporation is(xxxx):

Juno Thompson 23 Clintwood Avo. Englowood FL 34223

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
14 day of 100 15
(An additional article must be added if an effective date is requested.)
Signature  Signature
Signature

#### Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607,0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the	e corporation is: Audroy Entorprises, Inc.	
2. The name and	address of the registered agent and office is:	
	June Thompson (NAME)	- 8
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	
	Englewood FL 34223 (CITY/STATE/ZIP)	- ESSA 25

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE) (DATE)