TRANSMITTAL LETTER

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

SUBJECT:

-ENTERPRISE, ENT. CO.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee \$78.75

Filing Fee

& Certificate

□\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: ISMAEL GUILLEN AKA TONY DURAN

Name (Printed or typed)

2400 N.E. 209 TERRACE

Address

33180 FLORIDA AVENTURA,

City, State & Zip

(305) 931-8717

Daytime Telephone number

GUILLERW

AUTHORIZATION BY PHONE TO

CORRECT 2 C.A. NAHE

DOC: EXAM.

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ENTERPRISE, ENT. CO.

SECRETARY OF STATE OF

ARTICLE II PRINCIPAL OFFICE

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

2400 N.E. 209 TERRACE, AVENTURA, FLORIDA 33180

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ISMAEL GUILLEN

2400 N.E. 209 TERRRACE, AVENTURA, FLORIDA 33180

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

GRACE GUILLEN

2400 N.E. 209 TERRACE, AVENTURA, FLORIDA 33180

Signature/Incorporator

GRACE GUILLEN

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date

ISMAEL GUILLEN .