# 099000012453

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

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	(Proposed corp	orate name - must include suffi	x)
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Enclosed is an origin	al and one(1) copy of the artic	les of incorporation and a c	check for:
ጃ \$70.00	<b>□</b> \$78.75	□\$78.75	<b>□</b> \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
-	& Certificate of Status	& Certified Copy	Certified Copy
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FROM:	Lowell Gannon		
Name (Printed or typed)			
1950 Worth Dire T-1-4 D4			
1859 North Pine Island Road #311 Address			
		2 Kdd C55	
Plantation, Florida 33322			
City, State & Zip			
	954-472-9678		
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NOTE: Please provide the original and one copy of the articles.

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# **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:

Over The Rainbow Enterprises, Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

1859 North Pine Island Road Ste311 Plantation, F1 33322

## ARTICLE III SHARES

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

1500

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Lowell Gannon

1859 North Pine Island Road Ste 311, Plantation F1 33322

### ARTICLE V INCORPORATOR

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

LOWEIL GANNON
1659 NORTH PINE ISLAND ROADSTE 311 PLANTATION, 15/33322

LOWEILGANNON

Date

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