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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

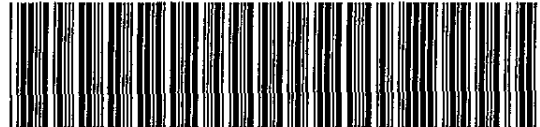
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRET
TALLAHASSEE

6/11/05
SH

TRANSMITTAL LETTER

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

SUBJECT: Kelin, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Oristela Schwend
Name (Printed or typed)

1876 N UNIVERSITY DR. #101-S
Address

Plantation, FL 33322
City, State & Zip

(954) 474-0810
Daytime Telephone number

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

FILED
05 MAY -9 AM 8 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF INCORPORATION
OF
KELIN INC.

WE, THE UNDERSIGNED, IN ORDER TO FORM A CORPORATION
UNDER AND PURSUANT TO THE PROVISIONS OF THE LAWS OF
THE STATE OF FLORIDA FOR THE PURPOSES HEREINAFTER SET
FORTH, HEREBY SUBSCRIBE TO THIS CERTIFICATE OF
INCORPORATION.

ARTICLE I:

THE NAME OF THE PROPOSED CORPORATION SHALL BE:

KELIN INC.

ARTICLE II:

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF
THE CORPORATION SHALL BE LOCATED IN THE CITY OF
MIAMI, COUNTY OF DADE, STATE OF FLORIDA,

WITH AN ADDRESS OF:

**18505 SW 197 AVE
MIAMI, FL 33187**

ARTICLE III:

THE GENERAL NATURE OF THE CORPORATION'S BUSINESS AND
BUSINESSES TO BE TRANSACTED BY THIS CORPORATION

SHALL BE AS FOLLOWS:

A: TO DO ANY AND ALL BUSINESS NECESSARY UNDER AND
ACCORDING TO THE LAWS OF THE STATE OF FLORIDA.

B: PROVIDE FULL CANINE SERVICE WHICH INCLUDE BUT IS NOT
LIMITED TO GROOMING, BREEDING AND SALES, TRAINING AND
HANDLING FOR SHOW APPERANCES.

ARTICLE IV:

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION
IS AUTHORIZED TO HAVE OUTSTANDING AT ANY TIME IS
ONE HUNDRED WITH A PER VALUE OF \$ **1.00** EACH.

ARTICLE V:

THE AMOUNT OF CAPITAL WITH WHICH THIS CORPORATION
SHALL BEGIN THIS BUSINESS SHALL BE
ONE HUNDRED DOLLARS AND NO/100 (\$100.00)

ARTICLE VI:

THE EXISTENCE OF THIS CORPORATION SHALL BE PERPETUAL.

ARTICLE VII:

THE BOARD OF DIRECTORS OF THIS CORPORATION SHALL
CONSIST OF NOT LESS THAN ONE (1) AND NO MORE THAN
FIVE (5) MEMBERS.

ARTICLE VIII:

THE NAMES AND STREET ADDRESSES OF THE FIRST BOARD OF
DIRECTORS WHO, SUBJECT TO THE PROVISIONS OF THE
CERTIFICATE OF INCORPORATION BY-LAWS OF THE STATE OF
FLORIDA, SHALL HOLD OFFICE FOR THE FIRST YEAR OF THE
CORPORATION'S EXISTENCE, OR UNTIL THEIR SUCCESSORS
SHALL BE ELECTED AND QUALIFIED ARE AS FOLLOWS:

ODALYS HAYES

18505 SW 197 AVE
MIAMI, FL 33187

ARTICLE IX:

THE NAMES AND STREET ADDRESSES TO EACH SUBSCRIPER TO
THE CERTIFICATE OF INCORPORATION, AND THE NUMBER OF
SHARES WHICH EACH AGREES TO TAKE, THE TOTAL
AGGREGATE AMOUNT SHALL BE THE SUM OF
ONE HUNDRED DOLLARS AND NO/100 (\$ 100.00).
THE AMOUNT OF CAPITAL, WITH WHICH THIS CORPORATION
SHALL BEGIN BUSINESS, IS AS FOLLOWS:

NAME:	ADDRESS:	NO. OF SHARES:	TOTAL:
ODALYS HAYES PRESIDENT	18505 SW 197 AVE MIAMI, FL 33187	100	\$100.00

ARTICLE X:

THE NAME AND FLORIDA STREET ADDRESS OF THE

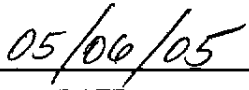
REGISTERED AGENT IS:

**R.O.S. PROFESSIONAL BUSINESS SERVICES INC
1876 N UNIVERSITY DRIVE, SUITE 101-S
PLANTATION, FL 33322**

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT
SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT
THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR
WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT
AND AGREE TO ACT IN THIS CAPACITY.



ORISTELA SCHWEND/REGISTERED AGENT



DATE

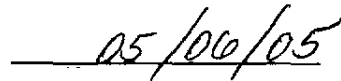
ARTICLE XI:

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

**ORISTELA SCHWEND, VICE PRESIDENT
R.O.S. PROFESSIONAL BUSINESS SERVICES, INC.
1876 North University Dr., Suite 101-S, FL 33322**



ORISTELA SCHWEND/INCORPORATOR



DATE

FILED
05 MAY -9 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA