

PI6 000038690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

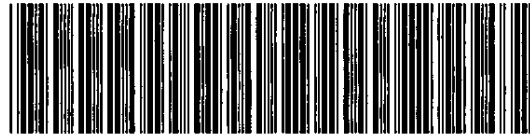
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
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*MIM*

**COVER LETTER**

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

**SUBJECT:** Kendall Consulting Corporation  
(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:** Rande S. Schatz, Esquire  
\_\_\_\_\_  
Name (Printed or typed)  
  
220 Sunrise Avenue Suite 209  
\_\_\_\_\_  
Address  
  
Palm Beach, Florida 33480  
\_\_\_\_\_  
City, State & Zip  
  
561-833-1846  
\_\_\_\_\_  
Daytime Telephone number  
  
rsschatz@comcast.net  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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**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** Kendall Consulting Corporation  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address \_\_\_\_\_ Mailing address, if different is: \_\_\_\_\_  
14224 Cypress Island Circle \_\_\_\_\_  
Palm Beach Gardens, Florida 33410 \_\_\_\_\_

**ARTICLE III PURPOSE** Any and all lawful business  
The purpose for which the corporation is organized is: \_\_\_\_\_

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**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	Carol Farley, President and Director	Name and Title:	Edward J. Farley, Director
Address	14334 Cypress Island Circle Palm Beach Gardens, Florida 33410	Address:	14334 Cypress Island Circle Palm Beach Gardens, Florida 33410
Name and Title:	Raelyn Farley, Director	Name and Title:	_____
Address	14334 Cypress Island Circle Palm Beach Gardens, Florida 33410	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Randee S. Schatz  
 Address: 220 Sunrise Avenue Suite 209  
Palm Beach, Florida 33480

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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Randee S. Schatz  
 Address: 220 Sunrise Avenue Suite 209  
Palm Beach, Florida 33480

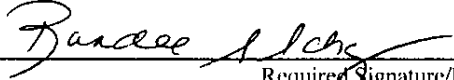
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
 Required Signature/Registered Agent

April 22, 2016  
 Date

**I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.**

  
 Required Signature/Incorporator

April 22, 2016  
 Date