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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

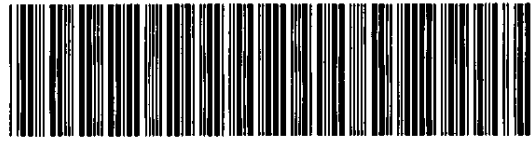
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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JUL 7 2017

COVER LETTER

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

SUBJECT: Gene Kennedy Renovations 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: Gene Kennedy
Name (Printed or typed)

1690 second Bullhead street Lot 96
Address

Tavares FL 32778
City, State & Zip

352-602-5328
Daytime Telephone number

GeneKennedy22@gmail.com
E-mail address: (to be used for future annual report notification)

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

The name of the corporation shall be: Gene Kennedy Renovations Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 1690 second Bullhead St Lot 96
Taverner Fl 34778
Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For profit (construction)

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Gene Kennedy</u>	Name and Title: <u>[Redacted] (President)</u>
Address: <u>1690 second bullhead st Lot 96 Taverner Fl 34778</u>	Address: <u>Vice president 1690 second Bullhead St Lot 96 Taverner 34778 Fl</u>
Name and Title: <u>Same as above</u>	Name and Title: <u>Vice president</u>
Address: _____	Address: _____
Name and Title: <u>Same as above</u>	Name and Title: <u>Secretary</u>
Address: _____	Address: _____

Name and Title: Same as Above Name and Title: Treasurer
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Gene Kennedy
 Address: 1690 Second Bullhead
St Lot 96 Tavares FL 34728

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ARTICLE VII INCORPORATOR

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

Name: Gene Kennedy
 Address: 1690 Second Bullhead St
Lot 96 Tavares FL 34728

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/07/17 (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 07/07/17
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 07/07/17
Date

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