PHONE NO.: 7273975189

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Division of Congrations

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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

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From:

Account Name : AL CLARK
Account Number : 072100000173
Phone : (727)398-6011

Fax Number : (727)397-5189

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SECRETARY STATI

FLORIDA PROFIT CORPORATION OR P.A.

KESHCO INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be

KESHCO INCORPORATED

ARTICLE II PRINCIPAL OFFICE

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

496 BROOKFIELD DRIVE LARGO, FL.33771

ARTICLE III SHARES

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

1000 SHARES NO PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: prepared by:

Name: KEVIN LONSBERRY

Address: 496 BROOKFIELD DRIVE

LARGO, FL,33771

Accounting & Tax Heip, Inc. 8668 Park Blvd. Suite A Seminole, Fl 33777 PH# (727) 398-6011

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ARTICLE V DIRECTOR(S)

The number of directors constituting the initial Board of Directors of the corporation is One (1) and the name(s) and address(es) of the person(s) who is to serve as director(s) until the first annual meeting of shareholders or until his or her successor(s) is(are) elected and qualified is(are):

SHANNON LONSBERRY (D, PRES.) 496 BROOKFIELD DRIVE LARGO, FL.33771

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

KEVIN LONSBERRY 496 BROOKFIELD DRIVE LARGO, FL.33771

The unders	igned incorpora	tot(s) has (have) 4	avecuted the	ese Articles of Incorpo	
, ,	46	(wy into (mate) t	executed tile	se virrcies of nicorbo	ration this
	day of	Sanuary		200/	
				-	
(An	idditional article	must be added if	an effective	date is requested.)	

Signature/Incorporator

Date

Notarization is not required

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the corporation is:

KESHCO INCORPORATED

2. The name and address of the registered agent and office is:

Accounting & Tax Help, Inc.
(Name)

8668 Park Blvd. Suite A (P.O. Box not acceptable)

Seminole, Fl 33777 (City/State/Zip)



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)

PRESIDENT

____ DATE __/-//-0/

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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