

TRANSMITTAL LETTER

PO2000107621

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

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-10/03/02--01023--024
*****70.00 *****70.00

SUBJECT: KEVIN S. RAVINA 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: LOUIS DAVID CPA
Name (Printed or typed)

9141 CYPRESS GREEN DR # 2
Address

JACKSONVILLE FL 32256
City, State & Zip

904-733-3597
Daytime Telephone number

02 OCT -3 AM 10:38
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

SMITH OCT 07 2002

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT -3 AM 10:38

ARTICLES OF INCORPORATION

OF

**Kevin & Ravina Inc
A Florida Profit Corporation**

(Pursuant to Chapter 607 and/or 621, Florida Statutes)

The undersigned person has signed this document for the purpose of forming a corporation under the laws of Florida and adopts the following Articles of Incorporation.

1. **Name.** The name of this corporation is Kevin & Ravina Inc.
2. **Purpose and Powers.** This corporation is organized for the transaction of any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

This corporation shall have the broad general powers set forth in Chapter 607.0302, Florida Statutes, and the purpose for which this corporation is organized is:

To operate a Motel

3. **Authorized Shares.** The corporation shall have the authority to issue 100 shares of common stock. The par value of the stock is \$1.00.
4. **Principal Office and Mailing Address of Corporation.** The principal place of business and mailing address of the corporation shall be:

Principal Place of Business

Mailing Address
14021 Spoonbill St N Jacksonville Fl. 32224

5. **Initial Officers/Directors.** The initial Board of Directors shall consist of persons, who shall serve until the first annual meeting of the shareholders, and whose names and addresses are:

Vinod P. Chhita 14021 Spoonbill St N Jacksonville Fl. 32224

6. **Registered Agent.**
The name and Florida street address of the Registered Agent of the Corporation is:

Louis David CPA 9141 Cypress Green Drive # 2 Jacksonville Fl 32256

7. **Incorporator.** The name and address of the incorporator is:

Vinod P. Chhita 14021 Spoonbill St N Jacksonville Fl 2224

8. **Effective Date.** These Articles are to be effective the date of filing unless otherwise specified below:

IN WITNESS WHEREOF, the following incorporator has signed these Articles of Incorporation on:

Date: 9-30-02

David P. Davis

ACCEPTANCE BY REGISTERED AGENT

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.

DATE: 9-30-02

David P. Davis

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