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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 FEB -4 AM 10:27

FILED

W03-2625

## TRANSMITTAL LETTER

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

SUBJECT: BILL KEELEY, P.A.  
(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: WILLIAM J. KEELEY  
Name (Printed or typed)

4900 DAVIE RD.  
Address

DAVIE, FL 33314  
City, State & Zip

954-583-0831  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Ken Detzner  
Secretary of State

January 29, 2003

WILLIAM J KEELEY  
4900 DAVIE RD  
DAVIE, FL 33314

SUBJECT: BILL KEELEY, P.A.  
Ref. Number: W03000002625

We have received your document for BILL KEELEY, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight  
Document Specialist  
New Filing Section

Letter Number: 803A00005819

Original

# 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:

BILL KEELEY, P.A.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4900 DAVIE RD.  
DAVIE, FL 33314

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

→ Establish a Professional Association (P.A.) - Real Estate Sales and Services.

## ARTICLE IV SHARES

The number of shares of stock is:

→ ~~zero~~ One

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

WILLIAM J. KEELEY  
4900 DAVIE RD.  
DAVIE, FL 33314

TITLE  
PD

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

WILLIAM J. KEELEY  
4900 DAVIE RD.  
DAVIE, FL 33314

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM J. KEELEY  
4900 DAVIE RD.,  
DAVIE, FL 33314

\*\*\*\*\*

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

William J. Keeley  
Signature/Registered Agent

1-14-03  
Date

William J. Keeley  
Signature/Incorporator

1-14-03  
Date

FILED  
03 FEB -4 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA