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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: KAREEN, 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: Brenton Bishop and AnnMarie Bishop  
Name (Printed or typed)

2100 N.W. 107th Terrace  
Address

Sunrise, FL 33322  
City, State & Zip

954-747-3975  
Daytime Telephone number

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

**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: KAREEN, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: 2100 N.W. 107th Terrace  
Sunrise, FL 33322

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to purchase, develop, improve,  
maintain and sell property

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

Brenton Bishop  
President  
2100 N.W. 107th Terrace  
Sunrise, FL 33322

AnnMarie Bishop  
Secretary  
2100 N.W. 107th Terrace  
Sunrise, FL 33322

**ARTICLE VI REGISTERED AGENT**

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

LAW OFFICE OF  
**HOWARD M. NEU, P.A.**  
1152 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

LAW OFFICE OF  
**HOWARD M. NEU, P.A.**  
1152 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

4/2/03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

4/2/03  
\_\_\_\_\_  
Date

03 APR -7 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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