## P0400005630Y

(Re	equestor's Name)	
(Ác	ldress)	
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(Cir	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	Isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE DIVISION OF CONFIRM CONFIRM

May Solvey

## TRANSMITTAL LETTER

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

SUBJECT:	KELLi Green	Corporatio	n
<del></del>	(PROPOSED CORPORA	ATE NAME – MUST INCLU	Desurrix)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Karen John	SOY) e (Printed or typed)	
ı	3107 Swif	+ OR Address	
	Mel bourne	Florida 3290/	
	321-984-4225 Daytime	OL 39 (508-79 Telephone number	93

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



February 19, 2004

KAREN JOHNSON 3107 SWIFT DR MELBOURNE, FL 32901

SUBJECT: KELLI GREEN CORPORATION

Ref. Number: W04000007255

We have received your document for KELLI GREEN CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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) 245-6927.

Tracy Smith
Document Specialist
New Filings Section

Letter Number: 004A00011518

Iz-compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	•
ARTICLE I NAME	
The name of the corporation shall be:	
KELLI GREEN Corporation	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
P.O BOX 60745 Palm Bay FL 32905	- Mariling Address
2215 43rd st Gifford FL, 32901 principal	L place
The purpose for which the corporation is organized is:	
I allready have a soleproprietership	, with a fictiti
Name and a Tax ID Number and I am	branching out.
The number of shares of stock is:	5
The number of shares of stock is:  ONE XA 3/23/04	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
	A THE TOTAL PROPERTY.
Karen Johnson sole proprieter	
	9
	<b>4</b> /188
ARTICLE VI REGISTERED AGENT	SECRET VISION O O4 MAR
The name and Florida street address of the registered agent is:	
Karen Johnson	7 30 <u>0</u> 300 <b>0</b>
	PH C
3107 swift DR.	* 2
Melbourne Florida 3290) ARTICLE VII INCORPORATOR	<b>~</b>
The name and address of the Incorporator is:	
Karen Johnson	
, 3107 5W.7+DR,	
Mc160110 Florida 32901	
Having been named as registered agent to accept service of process for the above stated cartificate, I am familiar with and accept the appointment as registered agent and agree to	corporation at the place designated in this
	3/23/0
Lover John Karen July	01-21-04
Signature/Registered Agent	Date
Toren john Dusen jan	01-01-04
Signature/Indorporator	Date
2	04