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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

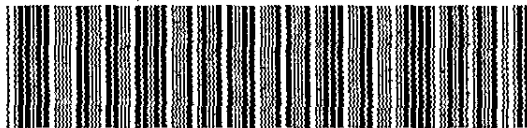
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Kelly Family Enterprises, 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:

Michael E. Kelly
Name (Printed or typed)

5702 Shiver Trail
Address

Plant City, FL 33565
City, State & Zip

813-719-7714
Daytime Telephone number

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

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:

Kelly Family Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5702 Shiver Trail
Plant City, FL 33565

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Legal Business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Nancy L. Kelly, President
5702 Shiver Trail
Plant City, FL 33565

Michael E. Kelly, Vice President
5702 Shiver Trail
Plant City, FL 33565

ARTICLE VI REGISTERED AGENT

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

Michael E. Kelly
5702 Shiver Trail
Plant City, FL 33565


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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is: _____

Michael E. Kelly
5702 Shiver Trail
Plant City, FL 33565

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



Signature/Incorporator



Date



Date