

PO4000124693

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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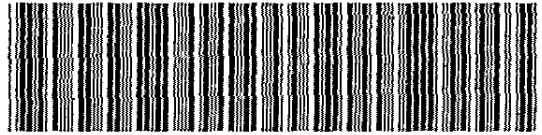
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/02/04--01067--010 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 30 PM 3:25

W04-29602

TRANSMITTAL LETTER

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

SUBJECT: Kenscoff 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: Saint Amand Etienne
Name (Printed or typed)

892 NW 68th. Avenue
Address

Plantation FL 33317
City, State & Zip

(954) 581-7282
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 3, 2004

SANIT AMAND ETIENNE
892 NW 68TH AVENUE
PLANTATION, FL 33317

SUBJECT: KENSCOFF INC.
Ref. Number: W04000029602

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

You must list at least one incorporator with a complete business street address.

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 Filings Section

Letter Number: 304A00048386



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 18, 2004

SANIT AMAND ETIENNE
892 NW 68TH AVENUE
PLANTATION, FL 33317

SUBJECT: TIKENSCOFF INC.
Ref. Number: W04000029602

We have received your document for TIKENSCOFF INC. 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 contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

You must list at least one incorporator with a complete business street address.

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 Filings Section

Letter Number: 304A00048386

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: TiKenscoff Inc.

The new name should be: TIKENSCOFF INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 892 NW 68th. Avenue
Plantation FL 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Property Management

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Saint Amand Etienne - Chief Executive Officer


Lyse Maude Etienne - Manager

Cassandra Etienne - Director

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Saint Amand Etienne, I hereby am familiar with and accept the duties and responsibilities of registered agent.

My address is: 892 NW 68th. Ave Plantation FL 33317 . Sign: 

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Saint Amand Etienne

892 NW 68th. Ave Plantatio FL 33317

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/Incorporator/Registered Agent

07/20/04
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 30 PM 3:25