

PD5000113457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

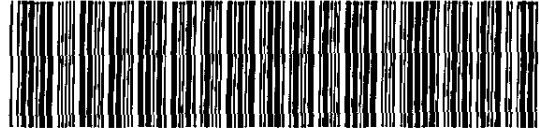
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300058428903

11/12/05--01005--025 **78.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 AUG 12 PM 12:29

MRD
8/14

TRANSMITTAL LETTER

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

SUBJECT: _____

KEVIN DUFFY, 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: _____

KEVIN DUFFY

Name (Printed or typed)

840 SW WHISPER RIDGE TRAIL

Address

PALM CITY FLA. 34990

City, State & Zip

772-221-3458

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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 AUG 12 PM 12:29

ARTICLE I NAME

The name of the corporation shall be:

KEVIN DUFFY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

840 SW WHISPER RIDGE TRAIL
PALM CITY FLA. 34990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL
ORGANIZATION OF MAINTENANCE
BUSINESSES

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):

KEVIN DUFFY PRESIDENT
GRACE DUFFY V. PRES
SECRETARY
TREASURER

ARTICLE VI REGISTERED AGENT

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

KEVIN DUFFY 840 SW WHISPER RIDGE TRAIL
PALM CITY FLA. 34990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KEVIN DUFFY
840 SW WHISPER RIDGE TRAIL
PALM CITY, FLA. 34990

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

KEVIN DUFFY

Date

8-10-05

Signature/Incorporator

KEVIN DUFFY

Date

8-10-05