

P06000036072

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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06 MAR 10 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Nellie Kellett, P. A.

(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: Nellie Kellett

Name (Printed or typed)

3321 Crystal Court

Address

Coconut Grove, FL 33133

City, State & Zip

305-856-8081

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:

Nellie Kellett, P. A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

3321 Crystal Ct.  
Coconut Grove, FL 33133

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To work independently as a real estate broker and or mortgage broker.

**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):

Nellie Kellett-President

**ARTICLE VI REGISTERED AGENT**

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

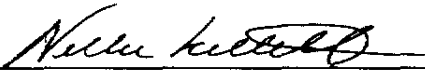
Nellie Kellett  
3321 Crystal Ct.  
Coconut Grove, FL 33133

**ARTICLE VII INCORPORATOR**

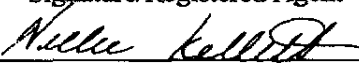
The name and address of the Incorporator is:

Nellie Kellett  
3321 Crystal Ct.  
Coconut Grove, FL 33133

\*\*\*\*\*  
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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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06 MAR 10 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3-8-06

3/8/06