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(Requestor's Name)				
/A.H				
(Address)				
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,				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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# **COVER LETTER**

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

SUBJECT: The	Kennedy Connectio	n Inc.	
-	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
			,
Enclosed are an original	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
_			
<b>\$70.00</b>	<b>₹</b> \$78.75	\$78.75	<b>\$87.50</b>
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		·	Status
		ADDITIONAL COPY REQUIRED	
FROM: M	argo Kennedy		
	Nam	e (Printed or typed)	
	8229 Parkridge Cir N.		
		Address	
			•
	Jacksonville, Florida 32	2211	
		y, State & Zip	
	·	<del>-</del>	
	904-805-0617		
		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:

The Kennedy Connection Inc.

.06 JUN 16 PM 3: 30

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8229 Parkridge Circle North Jacksonville Florida 32211-6234

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business management and marketing services

## ARTICLE IV

The number of shares of stock is: 1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Stephen D. Kennedy 8229 Parkridge Circle N Jacksonville FI 32211

President

Margo E. Kennedy

8229 Parkridge Circle N Jacksonville FI 32211

**CEO** 

#### REGISTERED AGENT

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

Clyde W. Anderson 8229 Parkridge Circle N Jacksonville FL 32211-6234

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Margo E. Kennedy 8229 Parkridge Circle N Jacksonville FL 32211-6234

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