

PO800110164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

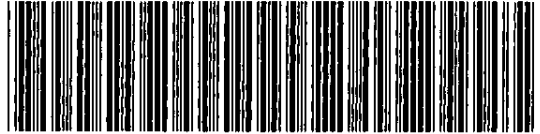
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900138498739

12/08/08--01008--012 \*\*78.75

FILED

08 DEC 22 PM 3:53

SECRETARY OF STATE  
MILWAUKEE, WISCONSIN

*[Handwritten signature]*

## COVER LETTER

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

**SUBJECT:** Keri Morrison 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:** Keri Morrison

Name (Printed or typed)

2264 S Wallen Drive

Address

Palm Beach Gardens, FL 33410

City, State & Zip

561-441-7611

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 9, 2008

KERI MORRISON  
2264 S WALLEN DRIVE  
PALM BEACH GARDENS, FL 33410

SUBJECT: KERI MORRISON INC.  
Ref. Number: W08000054710

We have received your document for KERI MORRISON 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected 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) 245-6052.

Paisley A Alford  
Clerk  
New Filing Section

Letter Number: 808A00059738

**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:

Keri Morrison Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

2264 S. Wallen Dr.  
Palm Beach Gardens, FL 33410

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Financial Advisor

**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):

NA

**ARTICLE VI REGISTERED AGENT**

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

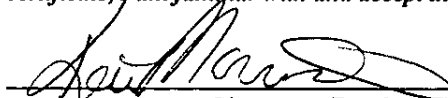
Keri Morrison  
2264 S. Wallen Dr.  
Palm Beach Gardens, FL 33410

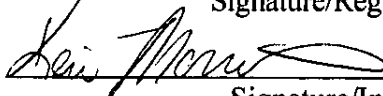
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Keri Morrison  
2264 S Wallen Drive  
Palm Beach Gardens, FL 33410

\*\*\*\*\*  
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

12/4/08  
\_\_\_\_\_  
Date  
12/4/08  
\_\_\_\_\_  
Date

FILED  
DEC 22 PM 3:53  
CLERK OF STATE  
TALLAHASSEE, FLORIDA