

PO9000041800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

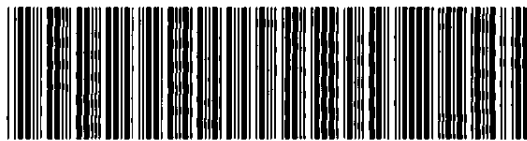
(Business Entity Name)

(Document Number)

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

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FILED

09 MAY -8 PM 2:54

U.S. DEPARTMENT OF THE TREASURY  
INTERNAL SECURITY DIVISION

*Handwritten signature*

## COVER LETTER

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

**SUBJECT: Kean Eye Video Services, Inc.**

**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

**CHECK ONE BOX**

☐

\$70.00 Filing Fee

☒

\$78.75 Filing Fee & Certificate of Status

☐

\$78.75 Filing Fee & Certified Copy (**ADDITIONAL COPY REQUIRED**)

☐

\$87.50 Filing Fee, Certified Copy & Certificate of Status (**ADDITIONAL COPY REQUIRED**)

**FROM:**

Terrence Kean

\_\_\_\_\_  
Name (Printed or typed)

18237 Camellia Road

\_\_\_\_\_  
Address

Ft. Myers, Florida 33967

\_\_\_\_\_  
City, State & Zip

239-398-0671

\_\_\_\_\_  
Daytime Telephone number

keaneye@comcast.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles and an additional copy as requested above.**

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
MAY - 8 - 2009  
09  
SECRETARY OF STATE  
FLORIDA

### ARTICLE I NAME

The name of the corporation shall be: Kean Eye Video Services, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is: 18237 Camellia Rd, Ft. Myers, FL 33967

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business allowed in the State of Florida, including but not limited to Video Production.

### ARTICLE IV SHARES

The number of shares of stock is: 100,000 shares of common stock

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Terrence Kean, Director, Chief Executive Officer, and Chief Financial Officer

### ARTICLE VI REGISTERED AGENT


The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is: Terrence Kean, 18237 Camellia Rd, Ft. Myers, FL 33967

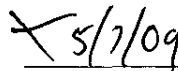
### ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is: Terrence Kean, 18237 Camellia Rd, Ft. Myers, FL 33967


\*\*\*\*\*

*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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
MAY - 8 - 2009  
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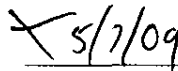
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Signature/Registered Agent

  
\_\_\_\_\_  
Date

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

  
\_\_\_\_\_  
Date