

P09000079048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

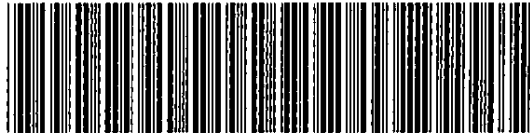
(Business Entity Name)

(Document Number)

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

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2009 SEP 22 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/23

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

*P&K Distributions 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: \_\_\_\_\_

*Shemroy Scaffo*

Name (Printed or typed)

*1135 NW 132 St*

Address

*North Miami, FL 33168*

City, State & Zip

*954-496-2049 or 954-479-7927*

Daytime Telephone number

*prineybu1@yahoo.com*

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

**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:

P&K Distributions Inc.

## ARTICLE II PRINCIPAL OFFICE

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

1135 NW 132 ST  
NORTH MIAMI, FL 33168

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DISTRIBUTION

## ARTICLE IV SHARES

The number of shares of stock is:

5

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

OWNER/CEO: SHERROY SCAFFE - 1135 NW 132 ST N. MIAMI  
FL 33168  
PRESIDENT: KESHA LA TOUCHE - SAME

## ARTICLE VI REGISTERED AGENT

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

SHERROY SCAFFE - 1135 NW 132 ST, N. MIAMI  
FL 33168

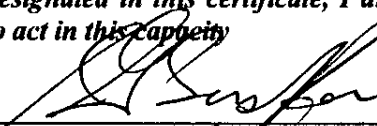
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SHERROY SCAFFE - 1135 NW 132 ST, N MIAMI  
FL, 33168

\*\*\*\*\*

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

9/18/09  
\_\_\_\_\_  
Date

9/18/09  
\_\_\_\_\_  
Date

2009 SEP 22 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE-FLORIDA

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