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### **COVER LETTER**

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

SUBJECT:	Paz S. Kent, Inc.			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:	
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	✓ \$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	DPY REQUIRED	
FROM:	<b>Ro</b> r Nam	nald Shultz , CoA, e (Printed or typed)	PA	
<u></u>		4th Street Suite 10		
		Address		
<del></del>		ville, Fl 32605 , State & Zip		
		-338-8350 Telephone number		
	dhyneman@	northfloridacpa.com	notification)	
	E-man address, (10 DE use	a for future annual report	nouricanon)	

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:

Paz S. Kent, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 9268 141st Lane Live Oak, Florida 32060

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

#### ARTICLE IV SHARES

The number of shares of stock is:

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Paz S. Kent: President

#### ARTICLE VI REGISTERED AGENT

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

Paz S. Kent 9268 141st Lane Live Oak, FI 32606

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ronald Shultz, CPA, PA 4908 NW 34th Street Suite 10 Gainesville, FI 32605

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

X	Please see a	Hached	torm	tor	Signature	
	Sign	nature/Registo	red Agent		<del></del>	Date
		11				10/7/09
	Si	gnature/Inco	rporator			Date

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the Corporation is:
PAZ S KenT Inc
<i></i>
2. The name and address of the registered agent and office is:
PAZ S KenT
(Name)
9268 14151 Lane
(P.O. Box NOT acceptable)
Live Oak F1 32060
(City/State/7in

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Paz S. Kent

9/17/09