

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Gabrielle Howard GAVE			
AUTHORIZATION BY PHONE, TO			
CORRECT Article VI & VII			
DATE 2/23//0 1			
DOC. EXAM			

Office Use Only



300167262983

02/22/10--01017--006 \*\*70.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

10 FEB 33 PM 2: 10





## **COVER LETTER**

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

SUBJECT: <u>K</u> C	PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles 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: K	th & Jay Iv	e (Printed or typed)	

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

•	AFPHQVEL
ARTICLES OF INCORPORATION	AND
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILLS
ARTICLE I NAME	10 FEB 22 PM 2: 13
The name of the corporation shall be:	
Keith & Jay Inc	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal <u>street</u> address and mailing address, if different is:	
320 W 22 nd St JOCKSONVILLE \$1 30206	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
business/carpentary services	
ARTICLE IV SHARES The number of shares of stock is:	
The number of shares of stock is.	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
Keith Jones - Owher	
Codorielle Huward-Overseer asistant	
·	
The name and Florida street address (R.O. Pay NOT aggentable) of the	so registered agent is:
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the	
Gabrielle Hound 322 w 22nd & Jackson Vi	1118+1 3000
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Keith Jones	
322 w 22 nd St Jacksonville Pl	
**************************************	*****
Having been named as registered agent to accept service of process j	** · **
place designated in this certificate, I am familiar with and accept the	
agree to act in this capacity	
Date into 1 august	2-14-2016
Signature/Registered Agent	Date
Krith Jones	2-19-2010
Signature/Incorporator	Date