

Florida Department of State  
Division of Corporations  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: kikelley1974@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Kelley Solutions Inc.

Certificate of Status	1
Certified Copy	0
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## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

**Kelley Solutions Inc.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**Kelley Solutions Inc.**

**12723 Holyoke Avenue  
Tampa, FL 33624**

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### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**100 Shares at No Par Value**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Lisa Kelley  
12723 Holyoke Avenue  
Tampa, FL 33624**

**Prepared By:**

**Bruce B. Hubbard  
77 East John St.  
Hicksville, New York 11801  
1-516-835-3840**

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**ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)**

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**Lisa Kelley - President/Director  
12723 Holyoke Avenue  
Tampa, FL 33624**

**ARTICLES VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Lisa Kelley  
12723 Holyoke Avenue  
Tampa, FL 33624**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2nd day of November 2010

  
\_\_\_\_\_  
Lisa Kelley - Signature

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE  
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Kelley Solutions Inc.**

2. The name and address of the registered agent and office is:

**Lisa Kelley**

Name

**12723 Holyoke Avenue**

(P.O. Box or Mail Drop Box NOT Acceptable)

**Tampa, FL 33624**

(City / State / Zip)

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TALLAHASSEE, FLORIDA

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*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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

  
Lisa Kelley  
SIGNATURE

**November 2, 2010**

(Date)

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