

P110000012832

(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:

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FILED  
11 FEB -4 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
2/7

## COVER LETTER

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

**SUBJECT: Keep It Off The Grass, 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: Kirk L. Myers

Name (Printed or typed)

2757 Messina Ave

Address

Orlando, FL 32811

City, State & Zip

407-953-1589

Daytime Telephone number

kirk.myers44@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)

**FILED**

**11 FEB -4 PM 2:17**

**ARTICLE I NAME** Keep It Off The Grass, Inc  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2757 Messina Ave  
Orlando, FL 32811

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
Mailing address, if different from principal office address: \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
to provide customers with an array of eclectic products created from places and people all over the world through paraphernalia, art work, sounds, and smells.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: <u>Kirk L Myers, Executive President and CEO</u>	Name and Title: _____
Address: _____	Address: _____

Name and Title: <u>Sheldon Brown, Vice-President and</u>	Name and Title: _____
Address: <u>General Director of the Center in</u>	Address: _____
<u>California</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Kirk L Myers  
Address: 2757 Messina Ave  
Orlando, FL 32811

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kirk L Myers  
Address: 2757 Messina Ave  
Orlando, FL 32811

*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*

\_\_\_\_\_  
Required Signature/Registered Agent

2-1-11  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

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

2-1-11  
Date