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(Business Entity Name)

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2011 FEB 25 PM 2:56  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
11 FEB 25 AM 8:40  
DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS

95 2/28/11

## COVER LETTER

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

SUBJECT: KILLEARN PROPERTIES, 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: ANN BLACK

Name (Printed or typed)

3520 THOMASVILLE ROAD, 4TH FLOOR

Address

TALLAHASSEE, FLORIDA 32309

City, State & Zip

(850) 893-4105

Daytime Telephone number

cartee11@msn.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:

**KILLEARN PROPERTIES, INC.**

**FILED**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3207 Shamrock E., #27

Tallahassee, Florida 32309

Mailing address, if different is:

**11 FEB 25 AM 8:40**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any activity or business permitted under the laws of the United States and under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: Sherrie Cartee, Director/President

Address: 3207 Shamrock E., #27

Tallahassee, Florida 32309

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Sherrie Cartee

Address: 3207 Shamrock E., #27

Tallahassee, Florida 32309

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sherrie Cartee

Address: 3207 Shamrock E., #27

Tallahassee, Florida 32309

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

Sherrie Cartee

Required Signature/Registered Agent

2/24/11

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.

Sherrie Cartee

Required Signature/Incorporator

2/24/11

Date