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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 FEB 25 PM 2:56  
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SUFFICIENCY OF FILING

FILED  
2011 FEB 25 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT: KILLEARN BROKERS REALTY, 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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 FEB 25 PM 3:25

FILED

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

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Killearn Brokers Realty, Inc.  
Document No. L06269

FILED  
2011 FEB 25 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir/Madam:

As President of Killearn Brokers Realty, Inc., I have filed Articles of Dissolution for the above referenced corporation. I have no intentions of reinstating said corporation and the name is hereby released and available to be used in the future.

Sincerely,



Sherrie Cartee, President of  
Killearn Brokers Realty, Inc.  
1953 Thomasville Road, Suite 101  
Tallahassee, Florida 32303

Dated this 25<sup>th</sup> day of February, 2011

/ab

**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 BROKERS REALTY, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3207 Shamrock E., #27  
Tallahassee, Florida 32309

Mailing address, if different is:

**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

2/29/11  
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

2/29/11  
Date

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