

P110000051429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

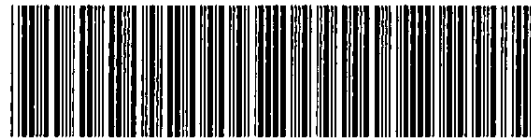
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/20/11--01024--018 **78.75

SECRETARY OF STATE
ALABAMA
11 MAY 31 PM 2:52

6/1
421

8

W11000022463

COVER LETTER

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

SUBJECT: ELLIOT EYEWEAR 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: Elliot Touati

Name (Printed or typed)

3407 ne 164th st

Address

North Miami Beach, FL, 33160

City, State & Zip

305 205 9886

Daytime Telephone number

elliotmiami38@hotmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 MAY 31 AM 11:48

DIVISION OF CORPORATIONS

April 21, 2011

ELLIOT TOUATI
3407 NE 164TH ST
NORTH MIAMI BEACH, FL 33160

SUBJECT: ELLIOT EYEWEAR INC
Ref. Number: W11000022483

KEO Eyewear I

We have received your document for ELLIOT EYEWEAR INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason
Regulatory Specialist II

Letter Number: 611A00009746

ATTN: JESSICA,

*ENCLOSED PLEASE FIND THE NAME
CHANGE OF THE CORPORATION.
"KEO EYEWEAR INC."
THANK YOU.*

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: ELLIOT EYEWEAR INC

KEO EYEWEAR INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3407 ne 164th st
North Miami Beach, FL, 33160

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL PURPOSES.

ARTICLE IV SHARES

The number of shares of stock is: 1,000.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title Elliot Touati
Address: 3407 ne 164th st
North Miami Beach, FL, 33160

Name and Title Monette Touati
Address: 3407 ne 164th st
North Miami Beach, FL, 33160

Name and Title Albert Touati
Address: 3407 ne 164th st
North Miami Beach, FL, 33160

Name and Title Kevin Touati
Address: 3407 ne 164th st
North Miami Beach, FL, 33160

Name and Title Oliver Touati
Address: 3407 ne 164th st
North Miami Beach, FL, 33160

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

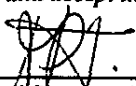
Name: Kevin Touati
Address: 3407 ne 164th st
North Miami Beach, FL, 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

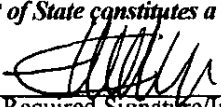
Name: Elliot Touati
Address: 3407 ne 164th st
North Miami Beach, FL, 33160

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

4/16/11
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

4/16/11
Date

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

11 MAY 31 PM 2:52

APPROVED
4/16