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| (Requestor's Name) | | | | |
|---|-------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
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Office Use Only



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PS 12/30/11

COVER LETTER

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

| SUBJECT: MS Kathleen Beasley F | DA (S CORP) |
|--|---|
| (PROPOSED CORPORA | TE NAME – MUST INCLUDE SUFFIX) |
| Enclosed are an original and one (1) copy of the artic | cles of incorporation and a check for: |
| \$70.00 Filing Fee & Certificate of Status | \$87.50 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED |
| FROM: Kathleen Beasley | (Printed or typed) |
| 1307 SW 18th Ct | address |
| Fort Lauderdale, FL 333 | State & Zip |
| 954.294 Daytime Te | - 4519 elephone number |
| CELTICCOUNT | RY a HOTMAIL. Com 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 N The name of the corpo | MAME Kathleen Beasley PA | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS |
|------------------------------------|---|----------------------|---|
| • | | | |
| | RINCIPAL OFFICE Principal street address 7 SW 18th CT, Ft Lauderdale, Fl33315 | Mail | 11 DEC 29 AM II: 55 ing address, if different is: |
| ARTICLE III PU | TRPOSE | | |
| | | /- | |
| As an busik | th the corporation is organized is: 5 CORP for the purposes as a Realter 4 1 | se of Rea | nl Estate) conducti |
| ARTICLE IV S. The number of shares | | | |
| | NITIAL OFFICERS AND/OR DIRECTORS | | |
| Name and Title Address: | :Kathleen Beasley President | | |
| Address: | 1307 SW 18th Ct Ft Lauderdale, FL 33315 | Address | |
| Name and Title Address: | | | |
| Name and Title Address: | | | |
| The <u>name and Florid</u> | EGISTERED AGENT a street address (P.O. Box NOT acceptable) of | | |
| Name: Address: | KATHLEEN BEASLET 1307 SW 18 CT FT LOUD F 33315 | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| ARTICLE VII IN | ss of the Incorporator is: | | |
| Name: | Kathleen Beasley | | |
| Address: | 1307 SW 18th Ct, Fort Lauderdale, FL 33315 | 5 | |
| | as registered agent to accept service of process amiliar with and accept the appointment as regis | | |
| fath h | un Realle | | 12 - 27 - // |
| 1 1 | Required Signature/Registered Agent | | /2 - 27 - // Date |
| l I submit this docume | nt and affirm that the facts stated herein are t rtment of State constitutes a third degree felony | rue. I am aware that | |
| /gsz | Required Signature/Incorporator | | 12-27-11 Date |