

P12000001248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

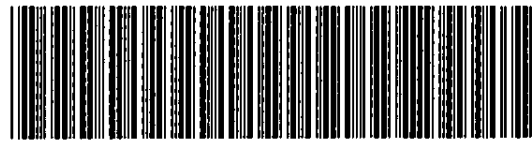
(Document Number)

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Certificates of Status \_\_\_\_\_

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12 JAN -4 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 05 2012

## COVER LETTER

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

SUBJECT: R Kann Doo 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: Robin Kann

Name (Printed or typed)

390 SE Cork Rd

Address

Port St Lucie FL 34984

City, State & Zip

973-204-4491

Daytime Telephone number

understandingpeace@hotmail.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: R Kann Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
390 SE Cork Rd  
Port St Lucie, FL 34984

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Wholesale products

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Robin Kann Treasure  
Address: 390 SE Cork Rd  
Port St Lucie, FL 34984

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:

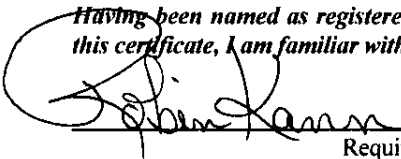
Name: Robin Kann  
Address: 390 SE Cork Rd  
Port St Lucie, FL 34984

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

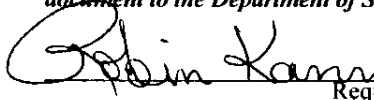
Name: Robin Kann  
Address: 390 SE Cork Rd  
Port St Lucie, FL 34984

*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*

 Robin Kann  
Required Signature/Registered Agent

12/31/2011  
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.*

 Robin Kann  
Required Signature/Incorporator

12/31/2011  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA