

P1200039788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

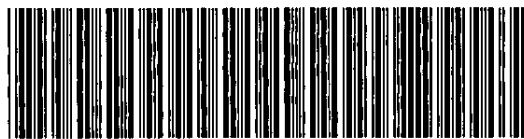
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800229026498

04/16/12--01042--018 \*\*78.75

FILED  
2012 APR 27 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers APR 30 2012

W12-21251



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2012

BRIAN R LOE, ESQ  
3074 W LAKEMARY BLVD #136  
LAKE MARY, FL 32746

SUBJECT: KELLY CORP.  
Ref. Number: W12000021255

We have received your document for KELLY CORP. 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 the corrected original and one copy of 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) 245-6052.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 412A00011991

## COVER LETTER

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

SUBJECT: KELLY CORP.

(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: BRIAN R. LOE, Attorney at Law

Name (Printed or typed)

3074 W. LAKE MARY BLVD., #136

Address

LAKE MARY FL 32746

City, State & Zip

407 323-6128

Daytime Telephone number

brianatty@bellsouth.net

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

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

FILED  
2012 APR 27 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: **DKA SERVICES, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**2776 LANCASTER COURT**  
**APOPKA FL 32703**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful for profit free enterprise purposes as permitted by general law and under Chapter 607 of the Florida Statutes.

**ARTICLE IV SHARES**

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

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

Name and Title: **DEBRA KELLY P. D**  
Address: **2775 Lancaster Court**  
**Apopka FL 32703**

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:

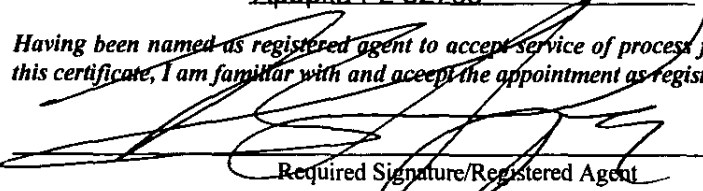
Name: **Brian R. Loe, Attorney at Law**  
Address: **3074 W. Lake Mary Blvd., # 136**  
**Lake Mary FL 32746**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

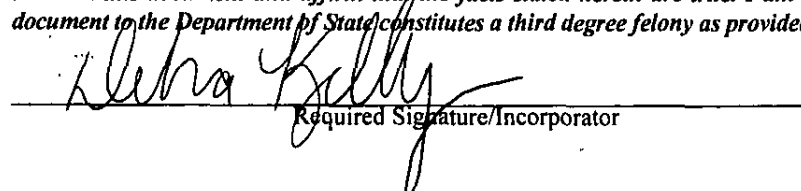
Name: **DEBRA KELLY**  
Address: **2776 Lancaster Court**  
**Apopka FL 32703**

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

**4/25/12**  
\_\_\_\_\_  
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

**4/25/12**  
\_\_\_\_\_  
Date

FILED  
2012 APR 27 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA