

P12000040257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

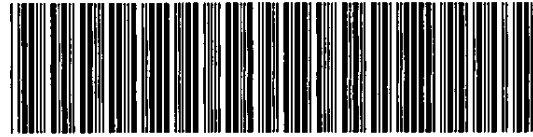
(Business Entity Name)

(Document Number)

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

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12 APR 30 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FL 09017

T. Burch MAY 1 2012

## COVER LETTER

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

SUBJECT: Kenneth L. MYERS, 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: Kenneth L. MYERS  
Name (Printed or typed)

2204 SW 43 Lane  
Address

CAPE CORAL, FL, 33914  
City, State & Zip

239 297 2241  
Daytime Telephone number

Kenneth L MYERS @ EMBARK MAIL . 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: Kenneth L. Myers, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2204 SW 43 Lane  
CAPE CORAL, FL.  
33914

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SALES OF INSURANCE

**ARTICLE IV SHARES**

The number of shares of stock is: 10

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

Name and Title: (PRES) Kenneth Myers  
Address: 2204 SW 43 Lane  
CAPE CORAL, FL, 33914

Name and Title: Pres.  
Address: 2204 SW 43 Lane  
CAPE CORAL, FL, 33914

Name and Title: RNA Myers, Sec.  
Address: 2204 SW 43 Lane  
CAPE CORAL, FL, 33914

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: Kenneth L. Myers  
Address: 2204 SW 43 Lane  
CAPE CORAL, FL, 33914

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kenneth L. Myers  
Address: 2204 SW 43 Lane  
CAPE CORAL, FL, 33914

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

Kenneth L. Myers  
Required Signature/Registered Agent

4/26/2012  
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.

Kenneth L. Myers  
Required Signature/Incorporator

4/26/2012  
Date

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12 APR 30 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301