

P12000051261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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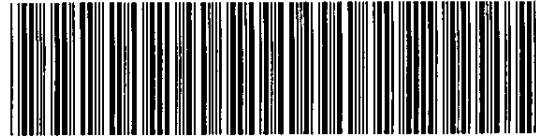
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JUN -4 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FL 32399

1. Bureau JUN -5 2012

COVER LETTER

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

SUBJECT: KJARI CORPORATION

(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: PRESTON LEONARD SCHOFIELD

Name (Printed or typed)

243 MAGNOLIA PARK TRAIL

Address

SANFORD, FLORIDA 32773

City, State & Zip

407-212-8168

Daytime Telephone number

PRESTONSCHOFIELD@YAHOO.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 KJARI CORPORATION
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
243 MAGNOLIA PARK TRAIL
SANFORD, FLORIDA 32773

Mailing address, if different is:
P.O. BOX 2581
SANFORD, FLORIDA 32772

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
A VETERAN OWNED FOR PROFIT BUSINESS TO PROVIDE SERVICES AND PRODUCTS MAINLY TO GOVERNMENTAL AGENCIES, STATE GOVERNMENTS, CITIES AND THE GENERAL PUBLIC. TRAIN THE US MILITARY IN SPECIAL AND GENERAL SKILLS AS A GOVERNMENT CONTRACTOR.

ARTICLE IV SHARES

The number of shares of stock is: 1000 COMPLETELY OWNED BY THE KJARI CORPORATION.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>JACQUELINE MAJOR, VP</u>	Name and Title: _____
Address: <u>LITCHEFIELD COURT</u>	Address: _____
<u>EVANS, GEORGIA</u>	_____
_____	_____

Name and Title: <u>MOZELLE UNDERWOOD, TREASURER</u>	Name and Title: _____
Address: <u>1144 RUBY STREET</u>	Address: _____
<u>LAKELAND, FLORIDA 33815</u>	_____
_____	_____

Name and Title: <u>AISHA DEAN, SECRETARY</u>	Name and Title: _____
Address: <u>243 MAGNOLIA PARK TRAIL</u>	Address: _____
<u>SANFORD, FLORIDA 32772</u>	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

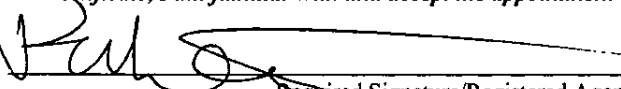
Name: PRESTON SCHOFIELD
Address: 243 MAGNOLIA PARK TRAIL
SANFORD, FLORIDA 32773

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PRESTON SCHOFIELD
Address: 243 MAGNOLIA PARK TRAIL
SANFORD, FLORIDA 32773

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

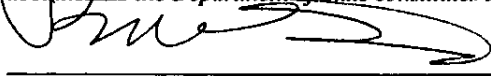


Required Signature/Registered Agent

APRIL 8, 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.



Required Signature/Incorporator

APRIL 8, 2012

Date

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TALLAHASSEE, FLORIDA