

# P12000057909

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

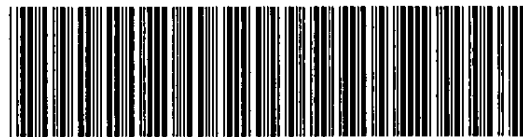
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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STATE  
TALLAHASSEE FLORIDA

*h 06/28/12*

## COVER LETTER

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

SUBJECT: Sevenkin, 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: Nanette P. Montgomery  
Name (Printed or typed)

978 Fish Branch Road  
Address

Zolfo Springs, FL 33890  
City, State & Zip

863 245 3095  
Daytime Telephone number

sevenkin7@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**

The name of the corporation shall be: Sevenkin, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
978 Fish Branch Road  
Zolfo Springs, FL 33890

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: <u>Nanette P. Montgomery - President, Treasurer</u>	Name and Title: _____
Address: <u>978 Fish Branch Road</u>	Address: _____
<u>Zolfo Springs, FL 33890</u>	_____

Name and Title: <u>Hannah L. Montgomery - Secretary</u>	Name and Title: _____
Address: <u>978 Fish Branch Road</u>	Address: _____
<u>Zolfo Springs, FL 33890</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Nanette P. Montgomery  
Address: 978 Fish Branch Road  
Zolfo Springs, FL 33890

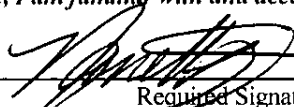
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nanette P. Montgomery  
Address: 978 Fish Branch Road  
Zolfo Springs, FL 33890

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

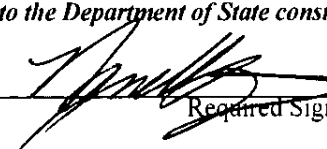
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



\_\_\_\_\_  
Required Signature/Registered Agent

6/23/2012  
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

6/23/2012  
Date