- P1200084521

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(Address)
(Address)
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(City/State/Zip/Phone #)
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ACENETARY OF STATE.

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 16, 2012

STEVEN ROBERT STRAUSS 2832 CLARK ST APOPKA, FL 32703

SUBJECT: KENNEDY SCHWARTZ LESKU INC.

Ref. Number: W12000037510

We have received your document for KENNEDY SCHWARTZ LESKU INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

Letter Number: 712A00018854

Pamela Smith Regulatory Specialist II

www.sunbiz.org

COVER LETTER

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

SUBJECT:	Kennedy Schwartz (PROPOSED CORPO	Lesku I	NC.
	(PROPOSED CORPO	RATE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are a	n original and one (1) copy of the a	articles of incorporation an	d a check for:
\$70.00 Filing		\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL C	OPY REQUIRED
FROM	1: Steven Robei	r + Strauss me (Printed or typed)	
	2832 Clark S	T. Address	
	APOPKA FL 32	y, State & Zip	
	954-600-11		
	Steven r Strauss @ E-mail address: (to be u	•	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)

rrn (1.1	NAME:	1. 8.	C.1 13	بيمنمسا	-T 1.00
The name of the	corporation shall be:	Kennedy	Schwartz	resko	TNC.
ARTICLE II	PRINCIPAL OF				
	Principal stree	t address_		Mailing address, if	different is:
	2832 Clu Apopka FL	FK 01	· · · · · · · · · · · · · · · · · · ·		
	73.01.64	·			
ARTICLE III	DIIDDOGE		·		
	which the corporation	is organized is:			15
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ARTICLE IV					1,7
The number of sh	ares of stock is:				PH 12: 33
ARTICLE V	INITIAL OFFICE	RS AND/OR DIRE	CTORS		
Name and	Pitle: Res Siteve	en Robert St	rauss Name and Title	e:	
Address:	President		Address:		
	2834 C	lark ST.	M		
	_A POPKE	FL 32703			<u></u>
Name and T	Γitle:		Name and Title	e:	
Address:			Address:		
					
	<u></u>				<u></u>
Name and T	Title:		Name and Title	e:	
Address:			Address:		
			- <u>-</u>		
-			A		
ARTICLE VI	REGISTERED A	GENT			
	orida street address (P.O. Box NOT accept	able) of the registered age	ent is:	
Name:	<u>_Steven</u>	Robert Stra	<u>.v 56</u>		
Address:	Alolka	1a1 k ST.	,		
	HYDIKA	16 .5 4 705	<u>. </u>		
ARTICLE VII					
~	dress of the Incorporat	tor is:	_		
	3 Teven	Robert Str	avss.		•
Name:		FI 23 712	<u> </u>		
	M DaPK A				•
Name:	Apopka				
Name: Address: Having been nam	ned as registered agen	t to accept service of	process for the above st	ated corporation at t	the place designated
Name: Address: Having been nam	ned as registered agen	t to accept service of ccept the appointment	process for the above su t as registered agent and	ated corporation at a agree to act in this c	the place designated apacity
Name: Address: Having been nam	ned as registered agen m familiar with and a	ccept the appointment	t as registered agent and	ated corporation at a agree to act in this c	the place designated apacity
Name: Address: Having been nam	ned as registered agen m familiar with and a	ccept the appointment	t as registered agent and	ated corporation at a agree to act in this c	the place designated apacity
Name: Address: Having been nam	ned as registered agen m familiar with and a	t to accept service of ccept the appointment	t as registered agent and	ated corporation at a agree to act in this c	the place designated apacity 10/12 Date
Name: Address: Having been namhis certificate, I a	med as registered agen m familiar with and a Required Sig	ccept the appointment	t as registered agent and c	agree to act in this c	pacity //0//2_ Date
Name: Address: Having been namhis certificate, I a	ned as registered agen m familiar with and a Required Signment and affirm tha	ccept the appointment nature/Registered Age t the facts stated here	t as registered agent and	agree to act in this c -7/ that the false infor	10/12_ Date
Name: Address: Having been namhis certificate, I a	ned as registered agen m familiar with and a Required Signment and affirm tha	ccept the appointment nature/Registered Age t the facts stated here	t as registered agent and cent ent ein are true. I am aware	agree to act in this c -7/ that the false infor	10/12_ Date