

P/3000003982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

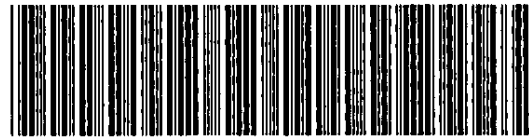
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten:* 01/11/13

## COVER LETTER

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

SUBJECT: Kennedys Professional Cleaning Service, Co.  
(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: Amber Michaela Kennedy  
Name (Printed or typed)

1271 Rabbit Street South East  
Address

Palm Bay, Florida 32909  
City, State & Zip

423-463-9196  
Daytime Telephone number

AmberKennedy38@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: Kennedys Professional Cleaning Service, Co.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1271 Rabbit Street SE  
Palm Bay, Fl. 32909

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Cleaning Services for local  
Businesses and medical offices.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Amber M. Kennedy, President  
Address: 1271 Rabbit Street SE  
Palm Bay, Fl. 32909

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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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: Amber M. Kennedy  
Address: 1271 Rabbit St., SE  
Palm Bay, Fl. 32909

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Amber M. Kennedy  
Address: 1271 Rabbit St. SE  
Palm Bay, Fl. 32909

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

Amber M. Kennedy  
Required Signature/Registered Agent

12/20/2012  
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.

Amber M. Kennedy  
Required Signature/Incorporator

12/20/2012  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA