

P130000011078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

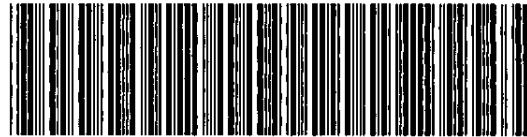
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## COVER LETTER

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

SUBJECT: **A Well Kept Home, 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: **Meri West**

Name (Printed or typed)

**454 W. 63rd. Street**

Address

**Jacksonville, FL 32208**

City, State & Zip

**904-704-0936**

Daytime Telephone number

**boronosun@aol.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: A Well Kept Home, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

454 W. 63rd. Street

N/A

Jacksonville, FL 32208

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in all lawful business activity in the state of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Meri West, Owner

Name and Title: N/A

Address 454 W. 63rd. Street

Address:

Jacksonville, FL 32208

Name and Title: N/A

Name and Title: N/A

Address

Address:

Name and Title: N/A

Name and Title: N/A

Address

Address:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

Name and Title: N/A Name and Title: N/A  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Meri West  
Address: 454 W. 63rd. Street  
Jacksonville, FL 32208

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Meri West  
Address: 454 W. 63rd. Street  
Jacksonville, FL 32208

*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*

Meri West

Required Signature/Registered Agent

1-28-13

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.*

Meri West

Required Signature/Incorporator

1-28-13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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