

P130000/9822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

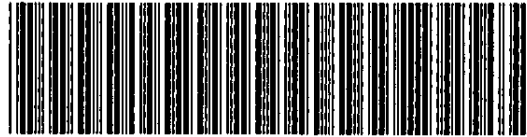
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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FILING CANCELLED  
RETURNED CHECK

02/28/13--01013--010 \*\*87.50

FILED  
13 FEB 28 PM 5:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*h* 03/01/13

## COVER LETTER

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

SUBJECT: **DELORES KEITT-GARNER, PA**

(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: **DELORES KEITT-GARNER**

Name (Printed or typed)

**6728 S.W. 33 STREET**

Address

**MIRAMAR, FL. 33023**

City, State & Zip

**954-699-3280**

Daytime Telephone number

**deloreskeitt.garner@gmail.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** DELORES KEITT-GARNER, PA  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

6728 S.W. 33 ST.

MIRAMAR, FL. 33023

Mailing address, if different is:

P.O. BOX 171765

HIALEAH, FL. 33017

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ANY AND ALL LEGAL PROFESSIONAL BUSINESS.

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RETURNED CHECK**

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: DELORES KEITT-GARNER, PRESIDENT

Address 6728 S.W. 33 ST.  
MIRAMAR, FL. 33023

Name and Title: N/A

Address: \_\_\_\_\_

Name and Title: N/A

Address \_\_\_\_\_

Name and Title: N/A

Address: \_\_\_\_\_

Name and Title: N/A

Address \_\_\_\_\_

Name and Title: N/A

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(cont.)  
RETURNED CHECK

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: DELORES KEITT-GARNER  
Address: 6728 S.W. 33 ST.  
MIRAMAR, FL. 33023


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DELORES KEITT-GARNER  
Address: 6728 S.W. 33 ST.  
MIRAMAR, FL. 33023

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TALLAHASSEE, FLORIDA

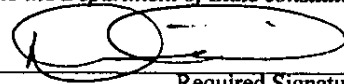
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

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

2/26/2013

\_\_\_\_\_  
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

2/26/2013

\_\_\_\_\_  
Date