

P13000048214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

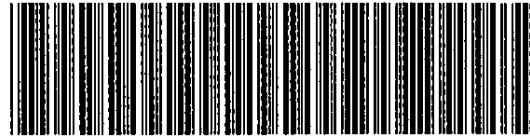
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JUN -3 PM 2:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/4

COVER LETTER

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

SUBJECT: PKN Enterprise 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Peter Daniel

Name (Printed or typed)

192 Seabreeze Circle

Address

Kissimmee, FL 34743-8330

City, State & Zip

347-425-2792

Daytime Telephone number

squaggyk21@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)

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ARTICLE I NAME

The name of the corporation shall be: PKN Enterprise Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

192 Seabreeze Circle

Kissimmee, FL 34743-8330

Mailing address

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide cleaning services for business and residential customers

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter Daniel (President)

Address: 192 Seabreeze Circle
Kissimmee, FL 34743-8330

Name and Title: Kenroy Ryan (Vice President)

Address: 192 Seabreeze Circle
Kissimmee, FL 34743-8330

Name and Title: Angelina Piper (Secretary)

Address: 192 Seabreeze Circle
Kissimmee, FL 34743-8330

Name and Title: Nekesha Daniel Wade

Address: 3016 Brookhaven Av
Far Rockaway N.Y.
Nekesha Daniel Wade

Name and Title: Kyle Daniel

Address: 350 Corscia Ct
Kissimmee FL 34758
Kyle Daniel

Name and Title: _____

Address: _____

(conti.)

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Name and Title: _____ Name and Title: 13 JUN -3 PM 2:24
Address: _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

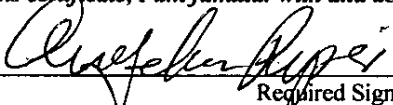
Name: Angelina Piper
Address: 192 Seabreeze Circle
Kissimmee, FL 34743-8330

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Peter Daniel
Address: 192 Seabreeze Circle
Kissimmee, FL 34743-8330


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

5/20/2013

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

5/20/2013

Date