

P/30000068201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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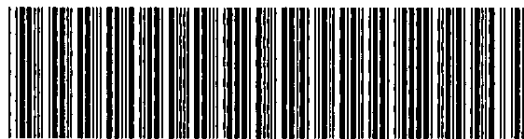
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2013 AUG 15 PM 1:42

1/4

COVER LETTER

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

SUBJECT: Ke' Janee 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: Guanita D. Hester
Name (Printed or typed)
5656-2 Gilchrist Road
Address
Jacksonville, Florida 32219
City, State & Zip
904-469-5545
Daytime Telephone number
anita.hester091963@att.net
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: Ke'Tanee Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8903 Lem Turner

8903 Lem Turner

Jacksonville, Florida

Jacksonville, Florida

32208

32208

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any And All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Guanita D. Hester

Name and Title: Directors

Address 5656-2 Gilchrist Road

Address: _____

Jacksonville, Florida

32219

Name and Title: Felicia L. Beard-Tyler

Name and Title: VP

Address 1114 Carthage Drive

Address: _____

Jacksonville, Florida

32218

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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SECRETARY OF STATE
DIVISION OF CORPORATION

Name and Title: _____ Name and Title: 2013 AUG 15 PM 1:43
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Guanita D. Hester
Address: 5656-2 Gilchrist Road
Jacksonville, Florida 32219

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Guanita D. Hester
Address: 5656-2 Gilchrist Road
Jacksonville, Florida 32219

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

Guanita D. Hester 8/11/13
Required Signature/Registered Agent 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.

Silvia P. Hester 8/11/2013
Required Signature/Incorporator Date