

P130000076321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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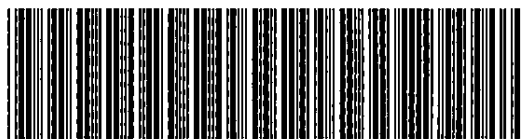
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 SEP 17 AM 10:13
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

13 SEP 17 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1/4

COVER LETTER

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

SUBJECT:

K. L. Wells + Associates, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM:

Name (Printed or typed)

373 E. Jefferson St.

Address

Quincy, Florida 32351

City, State & Zip

(850) 875-3579

Daytime Telephone number

Kwells@ingfp.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: K. L. Wells + Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

373 E. Jefferson St.
Quincy, Florida 32351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate as a
financial and insurance agency.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karen L. Wells Name and Title: _____

Address: President/CEO Address: _____

373 E. Jefferson St.
Quincy, FL 32351

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 SEP 17 AM 10:22

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AND
FILED

APPROVED
AND
FILED

13 SEP 17 AM 10:22

Name and Title: _____ Name and Title: _____

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:

Karen L. Wells

Address:

373 E. Jefferson St.

Quincy, Florida 32351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Karen L. Wells

Address:

373 E. Jefferson St.

Quincy, 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

Karen L. Wells
Required Signature/Registered Agent

9-17-13
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.

Karen L. Wells
Required Signature/Incorporator

9-17-13
Date