# 

(Red	questor's Name)	
(Add	Iress)	
(Add	Iress)	
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		



01/07/14-01013-005 \*\*129.00

Office Use Only

#### **COVER LETTER**

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

SUBJECT:

MasKenn Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### **FEES:**

Certificate of Domestication \$ 50.00
Articles of Incorporation and Certified Copy \$ 78.75
Total to domesticate and file \$128.75

#### **OPTIONAL:**

Certificate of Status

\$ 8.75

**Kyra Massey Kennedy** 

Name (printed or typed)

7050 Roselake Circle

Address

Douglasville, GA 30134

City, State & Zip

404-513-1315

Daytime Telephone Number

maskenninc@gmail.com

E-mail address: (to be used for future annual report notification)

# . CERTIFICATE OF DOMESTICATION

The undersigned, Kyra Kennedy	, CEO
(Name)	(Title)
of MasKenn Inc.	a foreign corporation,
(Corporation Name) in accordance with s. 607.1801, Florida Statutes	s, does hereby certify:
1. The date on which corporation was first form	med was February 27 , 2013 .
2. The jurisdiction where the above named corcame into being was Atlanta, GA	poration was first formed, incorporated, or otherwise
3. The name of the corporation immediately proved was MasKenn Inc.	rior to the filing of this Certificate of Domestication
4. The name of the corporation, as set forth in s. 607.0202 and 607.0401 with this certification.	its articles of incorporation, to be filed pursuant to te is MasKenn Inc.
	ege social, or principal place of business or central ner equivalent jurisdiction under applicable law, ate of Domestication was
6. Attached are Florida articles of incorporatio to s. 607.1801.	n to complete the domestication requirements pursuant
I am CEO , of MasKenn Inc	
•	mestication on behalf of the corporation and have done
so this the 4 day of January	, 2014
JUN	/
(Author	rized Signature)

Filing Fee:

Certificate of Domestication
Articles of Incorporation and Certified Copy
Total to domesticate and file

\$ 78.75 \$128.75

\$ 50.00

14 JAN -7 PM 2: 24

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

MasKenn Inc.		
ARTICLE II PRINCIPAL OFFICE		
THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRE Principal Address	ess is:  Mailing Address	
56 Violet St.	7050 Roselake Circle	
Tallahassee, FL 32308	Douglasville, GA 30134	
ARTICLE III PURPOSE		
THE PURPOSE FOR WHICH THE CORPORATION IS OR	RGANIZED:	
is to conduct any and all lawfo	ul business for which corporations	
	· · · · · · · · · · · · · · · · · · ·	
can be organized pursuant to	o Florida statue, including but not	
can be organized pursuant to	· · · · · · · · · · · · · · · · · · ·	
can be organized pursuant to	o Florida statue, including but not	
can be organized pursuant to	o Florida statue, including but not	
can be organized pursuant to	o Florida statue, including but not	
can be organized pursuant to	o Florida statue, including but not	
can be organized pursuant to	o Florida statue, including but not	
can be organized pursuant to	o Florida statue, including but not	
can be organized pursuant to	o Florida statue, including but no	

PORATIONS

ARTICLE IV	SHARES	10,000,000
THE NUMBER OF SH	ARES OF STOCK IS:	10,000,000

## ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name	Title/Name
Kyra Massey Kennedy/ CEO & President	Warren B. Kennedy IV/ Director
7050 Roselake Circle	7050 Roselake Circle
Douglasville, GA 30134	Douglasville, GA 30134
Title/Name	Title/Name
Nia Kennedy/ Director	Deloris Harpool/ Secretary
856 Violet St.	856 Violet St.
Tallahassee, FL 32308	Tallahassee, FL 32308
Title/Name	Title/Name
Martha Fribley/ Treasurer	
925 Woodview Rd.	
Cleveland Heights, OH 44121	
Title/Name	Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS			
THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:			
Kyra Massey Kennedy			
856 Violet St.			
Tallahassee, FL 32308			
ARTICLE VII INCORPORATOR THE NAME AND ADDRESS OF THE INCORPORATOR IS:	•		
Kyra Massey Kennedy			
856 Violet St.			
Tallahassee, FL 32308			
*********	***		
HAVING BEEN NAMED AS REGISTERED AGENT AI	ND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE		
	ED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND		
ACCEPT THE APPOINTMENT AS REGISTERED AGE	TAND AGREE TO ACT IN THIS CAPACITY.		
Signature/Registered Agent	Date		
Signature/Incorporator	 Date		