

P14000019929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

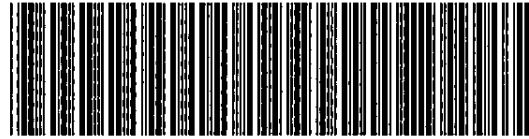
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/07/14--01003--021

98.75

~~**287.75~~

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14 MAR -3 AM 8:54
RECEIVED
ALLIANCE STATE
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111K1-9528

MD 3/5

COVER LETTER

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

SUBJECT: Ken Houseman P.A.

(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: Ken Houseman

Name (Printed or typed)

9590 Temple Ave.

Address

Seminole, FL 33772

City, State & Zip

813-486-5414

Daytime Telephone number

kenhouseman@gmail.com

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

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2014

KEN HOUSEMAN
9590 TEMPLE AVE.
SEMINOLE, FL 33772

SUBJECT: KEN HOUSEMAN P.A.
Ref. Number: W14000009528

We have received your document for KEN HOUSEMAN P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 214A00003298

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: Ken Houseman P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

9590 Temple Ave.

Seminole, FL 33772

Mailing address, if different is:

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14 MAR -3 AM 8:54
CLERK OF DISTRICT COURT
JANUARY 13, 2014
FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in all for-profit activities in the real estate industry
including representing buyers and seller in residential/commercial purchase transactions,
rental transactions, and any other legal activities that arise from those functions.

ARTICLE IV SHARES 200

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ken Houseman, President

Name and Title: _____

Address: 9590 Temple Ave.

Address: _____

Seminole, FL 33772

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(cont)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Ken Houseman
Address: 9590 Temple Ave.
Seminole, FL 33772


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GEORGIA STATE
DEPARTMENT OF REVENUE

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Ken Houseman
Address: 9590 Temple Ave.
Seminole, FL 33772

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

2/4/14
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

2/4/14
Date