014000031351

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

BW1400014207 3/2/4



000256842340

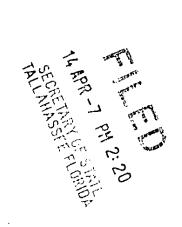
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14 APR -7 PH 2: 20
SECRETARY OF STATE
AND LANGUAGE FLORIDA

APR - 8 2014 J. BRYAN

COVER LETTER

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



SUBJECT: Ketcham Mechanical Services, Corp. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
Ü	& Certificate of Status	& Certified Copy	Certified Co
			& Certificate
			Status
		ADDITIONAL CO	

M:	Paul Ketcham
1 V I ,	Name (Printed or typed)
	4551 Carambola Circle So.
	Address
	Coconut Creek, Florida 33066
	City, State & Zip
	954-682-5477
	Daytime Telephone number
	pketcham87@yahoo.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

March 26, 2014

PAUL KETCHAM 4551 CARAMBOLA CIRCLE SO. COCONUT CREEK, FL 33066

SUBJECT: KETCHAM MECHANICAL SERVICES, CORP.

Ref. Number: W14000019207

We have received your document for KETCHAM MECHANICAL SERVICES, CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 514A00006464

ASSOCIATION DE LA COMPANION DE

www.sunbiz.org

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE II PRI	NCIPAL OFFICE		>
	Principal street address	Mailing ac	Idress, if different is:
551 Caramb	ola Circle So.		P.Co.
oconut Cree	k,Florida 33066		750
•			
TICLE III PUR purpose for which t	POSE he corporation is organized is: Mechar	ical Service wo	rk
TICLE IV SHA	ARES Of 1		
	TIAL OFFICERS AND/OR DIRECTOR	5	
TICLE V INT	TAL OFFICERS AND/OR DIRECTOR Paul Ketcham President	Name and Title:	
Name and Title	TAL OFFICERS AND/OR DIRECTOR Paul Ketcham President	Name and Title:	
TICLE V INT	TIAL OFFICERS AND/OR DIRECTOR	Name and Title:	
Name and Title Address	Paul Ketcham President 4551 Carambola Circle So. Coconut Creek, Florida 33066	Name and Title:	
Name and Title Address Name and Title	Paul Ketcham President 4551 Carambola Circle So. Coconut Creek, Florida 33066	Name and Title: Address: Name and Title:	
Name and Title Address	Paul Ketcham President 4551 Carambola Circle So. Coconut Creek, Florida 33066	Name and Title: Address: Name and Title: Address:	
Name and Title Address Name and Title: Address	Paul Ketcham President 4551 Carambola Circle So. Coconut Creek, Florida 33066	Name and Title: Address: Name and Title: Address:	

i valific a	nd Title: N	lame and Title:
Addres	s A	Address:
		De L
		TARE TO THE PROPERTY OF THE PR
ARTICLE VI	REGISTERED AGENT	SE PA
The <u>name and I</u>	Florida street address (P.O. Box NOT acceptable) of th	e registered agent is:
Name:	Paul Ketcham	
Address:	4551 Carambola Circle So.	Dr.
	Coconut Creek, Florida 33066	
ARTICLE VII	INCORPORATOR	·
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	Paul Ketcham	
Address:	4551 Carambola Circle So.	
	Coconut Creek, Florida 33066	
	med as registered agent to accept service of process fo am familiar with and accept the appointment as regist	
	am fumiliar with and accept the appointment as registed	
		ered agent and agree to act in this capacity
this certificate, I	am fumiliar with and accept the appointment as registed. Required Signature/Registered Agent.	ered agent and agree to act in this capacity 3/15/14 Date e. I am aware that the false information submitted in a
I submit this do	am familiar with and accept the appointment as registed. Required Signature/Registered Agent. cument and affirm that the facts stated herein are true	ered agent and agree to act in this capacity 3/15/14 Date e. I am aware that the false information submitted in a