

P14000045909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

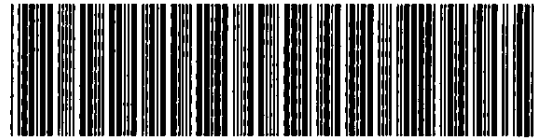
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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Original

## COVER LETTER

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

**SUBJECT:** KJ Gallagher & 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Kevin Gallagher

Name (Printed or typed)

6920 S.W. 1st St

Address

Margate Fl. 33068

City, State & Zip

954 652 8193

Daytime Telephone number

kg33254@gmail.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: KJ Gallagher & Associates Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6920 S.W. 1st St.

Margate Fl. 33068

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: For the purpose of improvement and management of various real estate, commercial and residential properties( in some cases purchasing )

**ARTICLE IV SHARES**

The number of shares of stock is: 100 shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kevin Gallagher

Address 6920 S.W. 1st St.

Margate Fl. 33068

(PRINCIPAL)

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

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: Kevin Gallagher  
Address: 6920 S.W. 1st ST  
Margate Fl. 33068

**ARTICLE VII INCORPORATOR**

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

Name: Kevin Gallagher  
Address: 6920 S.W. 1st ST.  
Margate Fl. 33068

*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*

Kevin Gallagher Kevin Gallagher 5/20/14  
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.*

Kevin Gallagher Kevin Gallagher 5/20/14  
Required Signature/Incorporator Date