

P14000048688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

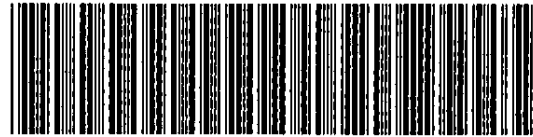
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14 JUN -5 AM 11:17
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: Keen Jr Fruitstand

(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: Sheilah R Pickens

Name (Printed or typed)

5812 Trebla Drive

Address

Jacksonville, Florida 32277

City, State & Zip

(904) 250-6680

Daytime Telephone number

sheilahpickens@live.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: Keen Jr Fruitstand Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1706 West 26th Street Jacksonville, Florida 32209

Mailing address, if different is:

5812 Trebla Drive Jacksonville, Florida 32277

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to seperate my personnel asset from my business

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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DIVISION OF CORPORATE AFFAIRS
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(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: Sheilah Pickens
Address: 5812 trebla dr
jax, fl 32277

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sheilah Pickens
Address: 5812 trebla dr
jax, fl 32277

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DIVISION OF CORPORATE
REGISTRATION

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

Sheilah Pickens Incorporator 5-27-14
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.

Required Signature/Incorporator Date