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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

for 6/16/14

## COVER LETTER

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

SUBJECT: Kelley & Moore, 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: Roberta E. Moore

Name (Printed or typed)

422 Jacksonville Drive

Address

Jacksonville Beach, FL 32250

City, State & Zip

404-964-5246

Daytime Telephone number

robynmoore2575@gmail.com

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

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TALLAHASSEE, FLORIDA

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**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: Kelley & Moore, P.A.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

422 Jacksonville Drive

Jacksonville Beach, FL 32250

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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: The practice of law.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: Roberta Moore, President

Address: 422 Jacksonville Drive  
Jacksonville Beach, FL 32250

Name and Title: Michael Kelley, Vice President

Address: 422 Jacksonville Drive  
Jacksonville Beach, FL 32250

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: Roberta Moore  
Address: 422 Jacksonville Drive  
Jacksonville Beach, FL 32250

**ARTICLE VII INCORPORATOR**

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

Name: Roberta Moore  
Address: 422 Jacksonville Drive  
Jacksonville Beach, FL 32250

*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*

Roberta Moore 6/6/14  
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.*

Roberta Moore 6/6/14  
Required Signature/Incorporator Date

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