

P14000057652

(Requestor's Name)

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(City/State/Zip/Phone #)

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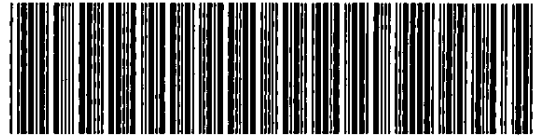
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUL -3 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/7/14

COVER LETTER

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

SUBJECT: Leanne Kenney Accounting, 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: Leanne Kenney

Name (Printed or typed)

216 Tavestock Loop

Address

Winter Springs, FL 32708

City, State & Zip

407-375-0529

Daytime Telephone number

leannemkenney@gmail.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL -3 PM 3:00

FILED

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: Leanne Kenney Accounting, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

216 Tavestock Loop

Winter Springs, FL 32708

14 JUL -3 PM 3:00
MAILING ADDRESS, IF DIFFERENT IS:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Accounting, Bookkeeping and Tax Services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leanne Kenney, President

Name and Title: _____

Address 216 Tavestock Loop

Address: _____

Winter Springs, FL 32708

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: Leanne Kenney

Address: 216 Tavestock Loop

Winter Springs, FL 32708

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Leanne Kenney

Address: 216 Tavestock Loop

Winter Springs, FL 32708

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

Leanne M Kenney
Required Signature/Registered Agent

7/1/14
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.

Leanne M Kenney
Required Signature/Incorporator

7/1/14
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA