

PK4000060952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

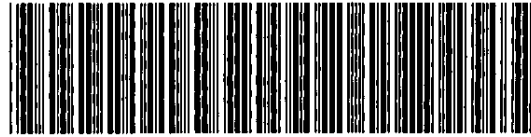
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-35955

Office Use Only



400260751234

06/06/14--01013--014 **70.00

APPROVED
AND
FILED
14 JUL 17 PM 3:34
SECRETARY OF STATE
TALLAHASSEE FL 32304

W14

COVER LETTER

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

SUBJECT: iKenFix Shops, 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: Kenessi Urribarri

Name (Printed or typed)

5001 SW 20th St #7516

Address

Ocala, FL 34474

City, State & Zip

305-934-9548

Daytime Telephone number

ikenshops@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

June 30, 2014

KENESSI URRIBARRI
5001 SW 20TH ST #7516
OCALA, FL 34474

SUBJECT: IKEN SHOP INC.
Ref. Number: W14000035955

We have received your document for IKEN SHOP INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The incorporator has two different signatures?

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 814A00012505

ARTICLES OF INCORPORATION

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

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: iKenFix Shops Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5001 SW 20th St #7516

Ocala, FL 34474

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Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Repairing electronic devices

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kenessi Urribarri, P

Address: 5001 SW 20th St #7516
Ocala, FL 34474

Name and Title: Keysi Urribarri, VP

Address: 5001 SW 20th St #7516
Ocala, FL 34474

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

APPROVED
AND
FILED
(cont.)

14 JUL 17 PM 3:34

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Kenessi Urribarri
Address: 5001 SW 20th St #7516
Ocala, FL 34474

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kenessi Urribarri
Address: 5001 SW 20th St #7516
Ocala, FL 34474

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

Kel U.
Required Signature/Registered Agent

06/22/2014
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.

Kel U.
Required Signature/Incorporator

06/22/2014
Date