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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

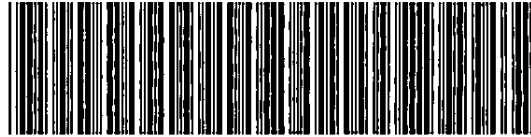
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## COVER LETTER

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

SUBJECT: **KRISTIE MOSLEY ENTERPRISES, 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: **KRISTIE MOSLEY**

Name (Printed or typed)

**4460 Fanny Bass Lane**

Address

**St. Cloud, Florida 34772**

City, State & Zip

**321-441-6767**

Daytime Telephone number

**krstmsly10@yahoo.com**

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

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TALLAHASSEE, FLORIDA

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 22, 2014

KRISTIE MOSLEY  
4460 FANNY BASS LANE  
ST. CLOUD, FL 34772

SUBJECT: KRISTIE MOSLEY ENTERPRISES, INC.  
Ref. Number: W14000051614

We have received your document for KRISTIE MOSLEY ENTERPRISES, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

Filing Fees	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 814A00018155

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: KRISTIE MOSLEY ENTERPRISES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4460 Fanny Bass Lane

St. Cloud, Florida 34772

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: administrative functions and any legal business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Kristie Mosley, President

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

Address 4460 Fanny Bass Lane

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

St. Cloud, Florida 34772

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: Kristie Mosley  
Address: 4460 Fanny Bass Lane  
St. Cloud, Florida 34772

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kristie Mosley  
Address: 4460 Fanny Bass Lane  
St. Cloud, Florida 34772

*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*

Kristie Mosley  
Required Signature/Registered Agent

8/13/2014  
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.*

Kristie Mosley  
Required Signature/Incorporator

8/13/2014  
Date

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