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THE SECRETARY OF STATE SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: KONE	CURRY IN		
(PROPOSED CORPORA	ΓΕ NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original and one (1) copy of the arti-	cles of incorporation and	a check for:	
\$70.00 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL CO	PY REQUIRED	
FROM: GARY BERDUE Name (Printed or typed) 4420 RAMSEY BLUD Address			
CAPE COR	AL TL State & Zip	3909	
239-745 Daytime To	elephone number		
GBCCFL5 E-mail address: (to be used	966MAIL 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	WRRY NC
The name of the corporation shall be:	WKKY INC
ARTICLE II PRINCIPAL OFFICE Principal street address 4420 RAMSEY B	Mailing address, if different is:
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334 <i>0</i>	<u> </u>
ARTICLE III PURPOSE	INSURANCE SALES
The purpose for which the corporation is organized is	E INSURANCE DATES
	-,_ -
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	SEP F
ARTICLE IV SHARES	
The number of shares of stock is:	The state of the s
	말씀 볼 다
ARTICLE V INITIAL OFFICERS AND/OF	
Name and Title: OARY BERD	F RES Name and Title:
Address 4420 RAI	MSay Address:
	1
7000	
CAFE CORD	12 33409
Name and Title:	Name and Title:
Address	Address:
N. A.T.	
Name and Title:	Name and Title:
Address	Address:
	·

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acc	ceptable) of the registered agent is:
Name: GARY BERRUE	
Address: 4420 KAMSay	Brud Ass 7
CAPE CORAL FL	33909 AM W I
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: CORY BERD	UE 22
Address: 440 Kams	ay Bould
CAPE CORDY 1	£ 33909
Having been named as registered agent to accept service this certificate, I am familiar with and accept the appoints	of process for the above stated corporation at the place designated in ment as registered agent and agree to act in this capacity
	alialiu
Required Signature/Registered	Agent Date
I submit this document and affirm that the facts stated is document to the Department of State constitutes a third do	herein are true. I am aware that the false information submitted in a legree felony as provided for in s.817.155, F.S.
	2 9/12/14
Required Signature/Incorpora	ator Date