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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 10/24

COVER LETTER

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

SUBJECT: **M&J Kerrison 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: **Mark Kerrison**

Name (Printed or typed)

15797 Delasol Ln.

Address

Naples, FL. 34110

City, State & Zip

(239) 537-4733

Daytime Telephone number

mark.kerrison@nntws.com

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

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

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

The name of the corporation shall be: M&J Kerrison Inc.

Principal street address

15797 Delasol Ln.

Naples, FL.34110

Mailing address, if different is:

The purpose for which the corporation is organized is: Professional Consultancy

The number of shares of stock is:

Name and Title: **Mr Mark Kerrison**

Address

15797 Delasol Ln.

Naples, FL. 34110

Name and Title: **Mrs Janet Kerrison**

Address:

15797 Delasol Ln.

Naples, FL.34110

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(cont.)

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: WIEBEL HENNELLS & CARUFE, PLLC
Address: 9420 Bonita Beach Rd., Suite 200,
Bonita Springs, FL. 34135

ARTICLE VII INCORPORATOR

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

Name: Mark Kerrison
Address: 15797 Delasol Ln.
Naples, FL. 34110

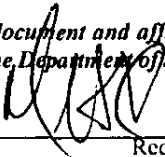
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TALLAHASSEE, FLORIDA

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


Required Signature/Registered Agent

10/20/14
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.


Required Signature/Incorporator

10.20.14
Date