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SHOREFARY OF STAFE
ALLAHASSEE, FLORIDA

cmp 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 CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	PY REQUIRED
FROM: N	lark Kerrison	e (Printed or typed)	
15	5797 Delasol Ln.		
		Address	
N	aples, FL. 34110		
	•	, State & Zip	
(2	239) 537-4733		
	Daytime 1	Telephone number	
<u>_m</u>	ark.kerrison@nntws		
	E-mail address: (to be use	ed for future annual report	notitication)

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)

RTICLE II PRI	NCIPAL OFFICE Principal street address		Mailing address,	if different	is:	
5797 Delaso	· —		8 ,	<u> </u>		
laples, FL.34	110			1> 37.	4 0C	
		 		SS XX		
				 	2	<u>.</u>
RTICLE III PURI	Profese he corporation is organized is:	essional Con	sultancy	75	PH 12	1
				FLORID,	ည္အ	_
						_
					_	
						—
					_	
RTICLE IV SHA	RES stock is: 100				_	
RTICLE IV SHA e number of shares of	RES stock is:					
e number of shares of s	stock is: 100	TORS		4 17 a mais		
e number of shares of s	tal officers and/or birec Mr Mark Kerrison	TORS Name and Title		·		
e number of shares of s	stock is: 100		Mrs Jane 15797 De	·		
e number of shares of s RTICLE V INIT Name and Title	tal officers and/or birec Mr Mark Kerrison	Name and Title	' 	elasol L	.n.	
e number of shares of states of states of states of states of shares of states of stat	TAL OFFICERS AND/OR DIREC Mr Mark Kerrison 15797 Delasol Ln. Naples, FL. 34110	Name and Title	15797 De Naples, F	elasol L L.341	.n. 10	
e number of shares of states of states of states of states of shares of states of stat	TAL OFFICERS AND/OR DIREC Mr Mark Kerrison 15797 Delasol Ln.	Name and Title	15797 De Naples, F	elasol L L.341	.n. 10	
e number of shares of states of states of states of states of shares of states of stat	TAL OFFICERS AND/OR DIREC Mr Mark Kerrison 15797 Delasol Ln. Naples, FL. 34110	Name and Title Address: Name and Title	15797 De Naples, F	elasol L	₋n. 10	
RTICLE V INIT Name and Title Address Name and Title:	Mr Mark Kerrison 15797 Delasol Ln. Naples, FL. 34110	Name and Title Address: Name and Title: Address: Address:	15797 De Naples, F	elasol L	.n. 10	
e number of shares of states of states of states and Title Address Name and Title: Address	Mr Mark Kerrison 15797 Delasol Ln. Naples, FL. 34110	Name and Title Address: Name and Title: Address: Address:	15797 De Naples, F	elasol L	n. 10	
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Name ar	nd Title:	Name and Title:
Address		Address:
ARTICLE VI The <u>name and F</u>	REGISTERED AGENT lorida 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	14 0 ALI A
ARTICLE VII	INCORPORATOR	14 OCT 23 PM 12: 38 NEUREDANT OF STATE ALLI AHASSEE, FLORIDA
The <u>name and a</u>	ddress of the incorporator is:	29 🛂 📊
Name:	Mark Kerrison	
Address:	15797 Delasol Ln.	38 38 E
	Naples, FL. 34110	-
Having been na this certificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
	4 Chr Ellichel	10/20/14
	Required Signature/Registered Agent	Date
I submit this do document to the	cuplent and affirm that the facts stated herein are Lippatine by of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
	X IXV	10.20.14
	Required Signature/Incorporator	Date