

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KEVIN ALLEN PARTNERS INC
Name of Corporation

DOCUMENT NUMBER: P15000002816

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN ALLEN
Name of Contact Person

KEVIN ALLEN PARTNERS INC
Firm/Company

1865 DAYTONIA ROAD
Address

MIAMI BEACH FLORIDA 33141
City/State and Zip Code

KEVIN ALLEN PARTNERS @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN ALLEN at (516) 246 0334
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$35.00 Filing Fee

☐

\$43.75 Filing Fee &
Certificate of Status

☒

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐

\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

P15060002816

(Document number of corporation (if known))

1. KEVIN Allen Partners INC
(Name of corporation as it appears on the records of the Department of State)
2. FLORIDA 3. January 8 2015
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____
5. REKAP INCORPORATED
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- _____
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)
8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

KEVIN Allen
(Typed or printed name of person signing)

OWNER/DIRECTOR
(Title of person signing)

Certified Copy

I certify the attached is a true and correct copy of the Articles of Incorporation of KEVIN ALLEN PARTNERS INC., a Florida corporation, filed electronically on January 08, 2015 effective January 15, 2015, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this corporation is P15000002816.

Authentication Code: 150113095838-900268153419#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Thirteenth day of January, 2015



Ken Detzner
Ken Detzner
Secretary of State