

P15000006473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

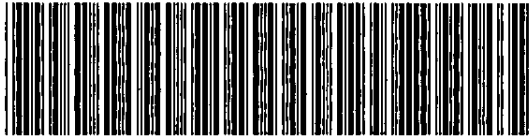
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

W7A-76153

COVER LETTER

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

SUBJECT: Ashleys Adventures 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Michael J. Kzeski
Name (Printed or typed)

5794 S.W. 40th Street #109
Address

Miami, FL 33155
City, State & Zip

954-892-8796
Daytime Telephone number

michaeljames55@hotmail.com
E-mail address: (to be used 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

The name of the corporation shall be: Ashleys Adventures Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5794 S.W. 40th Street #109
Miami, FL 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal purposes.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Kzeski (president) Name and Title: _____

Address: 5794 S.W. 40th Street #109 Address: _____
Miami, FL 33155

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE FLORIDA

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: Michael J. Kzeski
 Address: 5724 S.W. 40th Street #109
Miami, FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael J. Kzeski
 Address: 5724 S.W. 40th Street #109
Miami, FL 33155

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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

Michael J. Kzeski _____ 1/15/15
 Required Signature/Registered Agent 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.

Michael J. Kzeski _____ 1/15/15
 Required Signature/Incorporator Date