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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

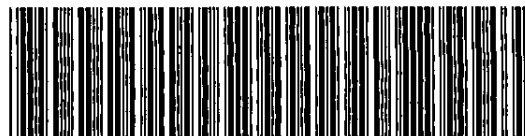
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 FEB -2 PM 12:28

FEB 09 2015

T. SCOTT

## COVER LETTER

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

SUBJECT: KENSALEM MANAGEMENT CORPORATION  
(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: STEVENSON L. GIBBONE  
Name (Printed or typed)

90 WATSON DRIVE  
Address

MT. LAUREL N.J. 08054  
City, State & Zip

215-284-0817  
Daytime Telephone number

anna.jc2002@yahoo  
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: KENSALEM MANAGEMENT CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10265 NW 129TH ST  
HIWLEAH GARDENS  
FLORIDA 33016

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANALYSIS AND RESEARCH  
OF THE NATIONAL REAL ESTATE RESIDENCE  
MARKETPLACE

**ARTICLE IV SHARES**

The number of shares of stock is: 35

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ARR J. CHEFTALIAN PRES Name and Title: \_\_\_\_\_

Address: 2101-11 E. ANN ST. Address: \_\_\_\_\_  
PHILADELPHIA PA 19134

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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(conti.)

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:

JANET HENRY

Address:

10265 N.W. 129<sup>TH</sup> ST  
HALEAH GARDENS FL  
330116

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

STEVENSON L. GIBBONE

Address:

90 WATSON DRIVE  
MT. LAUREL N.J 08054

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

Janet M Henry  
\_\_\_\_\_  
JANET M HENRY Required Signature/Registered Agent

1-18-2015  
\_\_\_\_\_  
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.

Stevenson L. Gibbone  
\_\_\_\_\_  
STEVENSON L. GIBBONE Required Signature/Incorporator

1-19-2015  
\_\_\_\_\_  
Date