

PI5000023669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

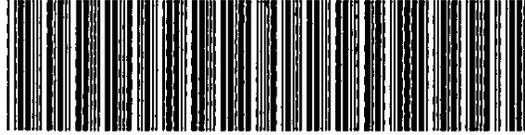
(Business Entity Name)

(Document Number)

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

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03/10/15--01018--003 \*\*78.75

FILED  
15 MAR 10 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

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

**SUBJECT:** Kudos Key West 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:** BARBARA A WADE  
Name (Printed or typed)

4 ARONOVITZ LAWE  
Address

KEY WEST, FL 33040  
City, State & Zip

305 294 1445  
Daytime Telephone number

babs@Kudoskeywest.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: Kudos Key West Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4 ARONOVITZ LANE  
KEY WEST  
FL 33040

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Barbara A. Wade, Ms Name and Title: \_\_\_\_\_

Address 4 Aronovitz Lane Address: \_\_\_\_\_  
Key West  
FL 33040

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

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

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

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

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TALLAHASSEE FLORIDA

(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:

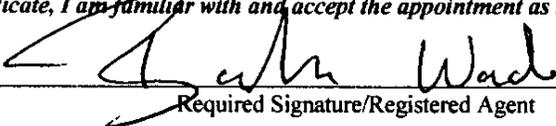
Name: Barbara A Wade, Ms.  
 Address: 4 Aronovitz Lane  
Key West FL 33040

**ARTICLE VII INCORPORATOR**

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

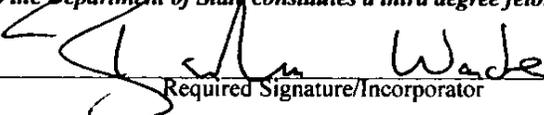
Name: Barbara A Wade  
 Address: 4 Aronovitz Lane  
Key West FL 33040

*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

3/4/15  
 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

3/4/15  
 Date

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

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