

PI5000023669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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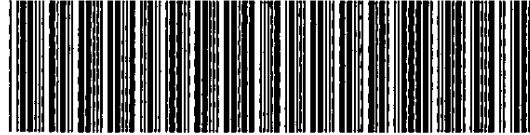
(Business Entity Name)

(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 Alwade, 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:

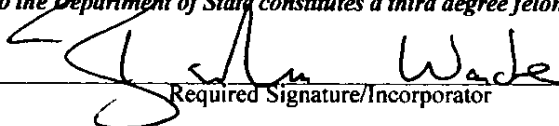
Name: Barbara A Wade
Address: 4 Aronovitz Lane
Key West FL 33040

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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