

P150000 40221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

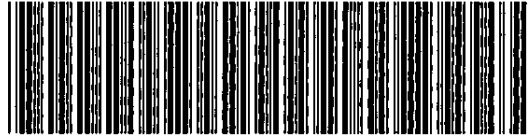
Certified Copies _____

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Special Instructions to Filing Officer:

WIS-24682

Office Use Only



400271089154

04/06/15--01010--016 **70.00

15 MAY - 1 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: Windy Keene, PA,

(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: Windy Keene

Name (Printed or typed)

1309 Lakewood Dr

Address

St. Johns, FL 32259

City, State & Zip

904-463-4662

Daytime Telephone number

windykeene@comcast.net

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2015

WINDY KEENE
1309 LAKEWOOD DR
ST. JOHNS, FL 32259

SUBJECT: WINDY KEENE, PA
Ref. Number: W15000024682

We have received your document for WINDY KEENE, PA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 215A00007075

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Windy Keene, PA

15 MAY -1 PM 4:40

ARTICLE II PRINCIPAL OFFICE

Principal street address

1309 Lakewood Dr

St Johns, FL 32259

Mail ing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To sell real estate.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Windy Keene, Realtor

Name and Title: _____

Address 1309 Lakewood Dr

Address: _____

St Johns, FL 32259

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVAL
AND
FILED (cont.)

15 MAY -1 PM 4:40

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Windy Keene
Address: 1309 Lakewood Dr
St Johns, FL 32259

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Windy Keene
Address: 1309 Lakewood Dr
St Johns, FL 32259

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

<u>Windy Keene</u>	<u>4/2/15</u>
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.

<u>Windy Keene</u>	<u>4/2/15</u>
Required Signature/Incorporator	Date