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(Requestor's Name)

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☐ PICK-UP

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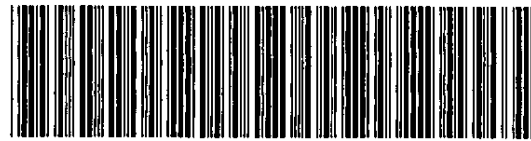
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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09/09/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2015

CLAYTON BRISSETT
9929 N.W. 19TH STREET
MIRAMAR, FL 33024

RECEIVED SEP 14 2015

SUBJECT: C.K.C ENTERPRISES INC
Ref. Number: W15000054759

We have received your document for C.K.C ENTERPRISES INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L07000016749 (CKC ENTERPRISES, LLC).

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 415A00017173

COVER LETTER

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

SUBJECT: KORJAYCHE ENTERPRISES 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: CLAYTON BRISSETT

Name (Printed or typed)

9929 NW 19th STREET

Address

PEMBROKE PINES, FL. 33024

City, State & Zip

954-394-0011

Daytime Telephone number

CINIJE@YAHOO.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: KORJAYCHE ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9929 N.W. 19th STREET
PEMBROKE PINES, FL. 33024

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RETAIL SALES

ARTICLE IV SHARES

The number of shares of stock is: 500 SHARES @\$1.00 PER SHARE.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CLAYTON BRISSETT - PRESIDENT

Name and Title: _____

Address 9929 N.W. 19th STREET

Address: _____

PEMBROKE PINES, FL. 33024

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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DIVISION OF CORPORATIONS
15 SEP - 4 AM 10: 23

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: Charles Inije

Address: 20401 NW 2nd Avenue, Suite 214

Miami, FL. 33169

ARTICLE VII INCORPORATOR

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

Name: Clayton Brissett

Address: 9929 NW 19th Street

Pembroke Pines, FL. 33024

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

8/31/2015
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.

Required Signature/Incorporator

8/31/2015
Date