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APPROVAL
AND
FILED
16 SEP -3 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/1

COVER LETTER

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

SUBJECT: Kevin Crowley & Associates, 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: Kevin Crowley & Associates, Inc.

Name (Printed or typed)

11892 Acorn Drive

Address

Davie, Florida 33330

City, State & Zip

786-412-2573

Daytime Telephone number

kcrowleyassociates@att.net

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

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

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

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

15 SEP -3 AM 10:59

ARTICLE I NAME

The name of the corporation shall be: Kevin Crowley & Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing address, if different is:

11892 Acorn Drive

Davie, Florida 33330

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Commercial trade consulting.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kevin J. Crowley, Sr. President

Name and Title: _____

Address 11892 Acorn Drive

Address: _____

Davie, Florida 33330

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVED
AND
FILED

15 SEP -3 AM 10: 59

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE FLORIDA</u>
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Kevin J. Crowley, Sr.

Address: 11892 Acorn Drive

Davie, Florida 33330

ARTICLE VII INCORPORATOR

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

Name: Kevin J. Crowley, Sr.

Address: 11892 Acorn Drive

Davie, Florida 33330


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

	<u>8/31/2015</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>8/31/2015</u>
Required Signature/Incorporator	Date