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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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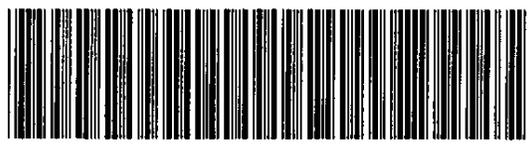
(Business Entity Name)

(Document Number)

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

APPROVED  
AND  
FILED

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 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:** 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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

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: **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: 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*

\_\_\_\_\_  
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