

P 10000002091

\_\_\_\_\_  
(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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15 DEC 28 PM 3:00  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

*[Handwritten signature]*  
1/11/16

## COVER LETTER

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

**SUBJECT:** AAJ Research & Evaluation 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:** Kerry A. Littlewood

\_\_\_\_\_  
Name (Printed or typed)

8245 134th Street N

\_\_\_\_\_  
Address

Seminole, FL 33778

\_\_\_\_\_  
City, State & Zip

727-771-3766

\_\_\_\_\_  
Daytime Telephone number

Aajresearch@mail.com

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

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15 DEC 23 PM 3:00  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

**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)

0000

**ARTICLE I NAME**

The name of the corporation shall be: AAJ Research & Evaluation Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8245 134th Street N

Seminole, FL 33776

Mailing address, if different is:

CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To provide professional services to clients in the form of researching, writing and evaluating

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kerry A. Littlewood, President

Name and Title: \_\_\_\_\_

Address 8245 134th Street N

Address: \_\_\_\_\_

Seminole, FL 33776

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: Kerry A. Littlewood \_\_\_\_\_

Address: 8245 134th Street N \_\_\_\_\_

Seinole, FL 33776 \_\_\_\_\_

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15 DEC 28 PM 3:00  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Frank J. Krisman \_\_\_\_\_

Address: 10145 W. Plumtree Circle, Unit 101 \_\_\_\_\_

Hales Corners, WI 53130 \_\_\_\_\_

**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.)

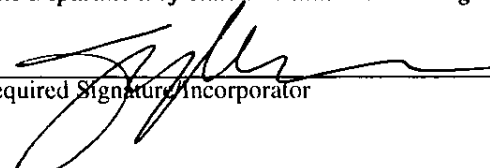
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

12/20/2015  
\_\_\_\_\_  
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

8/23/15  
\_\_\_\_\_  
Date