

P 16000018721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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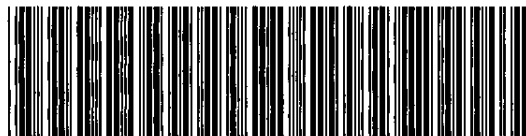
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRET/1 OF 3210
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3/1/16

COVER LETTER

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

SUBJECT: KEEPIT REEL 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: ELLIOTT ACOSTA

Name (Printed or typed)

7108 LARIMER CT

Address

TAMPA, FL 33615

City, State & Zip

813-690-3732

Daytime Telephone number

ELLIOTT@KEEPI TREEL.NET

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

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RECEIVED
DEPT OF STATE
TALLAHASSEE, FL 32314

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)

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ARTICLE I NAME

The name of the corporation shall be: KEEPIT REEL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7108 LARIMER CT

TAMPA, FL 33615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FISHING RELATED SALES ITEMS

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELLIOTT ACOSTA - PRESIDENT

Name and Title: JOVANI ACOSTA - V. P.

Address: 7108 LARIMER CT

Address: 7108 LARIMER CT

TAMPA, FL 33615

TAMPA, FL 33615

Name and Title: BETSY ACOSTA - SECRETARY

Name and Title: _____

Address: 7108 LARIMER CT

Address: _____

TAMPA, FL 33615

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: ELLIOTT ACOSTA
 Address: 7108 LARIMER CT
 TAMPA, FL 33615

ARTICLE VII INCORPORATOR

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

Name: ELLIOTT ACOSTA
 Address: 7108 LARIMER CT
 TAMPA, FL 33615

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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

2/18/2016

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

2/18/2016

Date