

(Requestor's Name)		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700287781197

07/14/16--01037--004 **78.75

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COVER LETTER

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

SUBJECT: 875 Lin	mited Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	neressa C Kinchen	e (Printed or typed)	
17	74 Highland View Dr	21	
		Address	
St	Augustine, FL 32092		
	City	, State & Zip	
67	8-437-6809		
	Daytime [*]	Telephone number	
chi	riskinchen@yahoo.com		

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

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 26, 2016

THERESSA C KINCHEN 1774 HIGHLAND VIEW DR ST AUGUSTINE, FL 32092

SUBJECT: 875 LIMITED INC. Ref. Number: W16000051757

We have received your document for 875 LIMITED INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The incorrect form was submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Jessica A Fason Regulatory Specialist II

Letter Number: 316A00015545

COVER LETTER

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

SUBJECT: 875	Limited Inc.		
50 1 5 1011	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation and	d a check for:
☐ \$70.0 Filing Fe	• • •	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PPY REQUIRED
FROM:	Theressa C Kinchen	e (Printed or typed)	
	1774 Highland View Dr	e (Frinted or typed)	
		Address	
	St Augustine, FL 32092		
	City	, State & Zip	
	678-437-6809		
	Daytime '	Telephone number	
	chriskinchen@yahoo.com		
	F-mail address: (to be use	ed 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 corpora					
ARTICLE II PRINC	CIPAL OFFICE Principal street address]	Mailing address, if o	lifferent is:	
1774 Highland View D	Г				
St Augustine, FL 3209	2		·.		
ARTICLE III PURPO The purpose for which t	OSE Residence Re	dential investment firm			
	ES 2 stock is: AL OFFICERS AND/OR DIRECTO Benjamin N Kinchen	PRS Name and Title	Theressa C Kinch	cen	
Address	1774 Highland View Dr	Address:	1774 Highland Vi	w Dr	
	St Augustine, FL 32092		St Augustine, FL	32092	_
None and Title		Name and Wide		16 AUG T	
	·			129	,1
Address		Address:		ART PROPERTY OF STREET	
Name and Title	-	Name and Title	<u> </u>	•	
Address					
				.,	

Name a	and Title:	Name and Title:
Addre	ss	Address:
ARTICLE VI	REGISTERED AGENT	
	Florida street address (P.O. Box NOT accept	able) of the registered agent is:
Name:	Benjamin N Kinchen	
Address:	1774 Highland View Dr	
	St Augustine, FL 32092	
ARTICLE VII	INCORPORATOR	
	address of the Incorporator is:	
Name:	Theressa C Kinchen	
Address:	1774 Highland View Dr	
· · · · · · · · · · · · · · · · · · ·	St Augustine, FL 32092	
ADTICLE VIII	I GEFRATIVE DATE.	
Effective date,	I EFFECTIVE DATE; if other than the date of filing:	. (OPTIONAL)
(If an effective days after the	date is listed, the date must be specific and	cannot be more than five business days prior or 90 business
	te inserted in this block does not meet the app effective date on the Department of State's re	licable statutory filing requirements, this date will not be listed as cords.
Having been no this certificate,	amed as registered agent to accept service of I am familiar with and accept the appointmen	process for the above stated corporation at the place designated in It as registered agent and agree to act in this capacity
	3/ <i>[S</i>	8/26/2016
	Required Signature/Registered Age	nt Date
I submit this d	ocument and affirm that the facts stated here	rip are true. I am aware that the false information submitted in a
accument to the	e Department of State constitutes a third degree	ne telony as provided for in s.817.155, F.S.
	12 M / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7 /	8/26/2016
Req	uired Signature/Incorporator	Date