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EFFECTIVE DATE 08/22/16

COVER LETTER

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

SUBJECT: KETON	S LANDSCAPING LAWNS TREE	S INC			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:		
\$70.00	\$78.75	\$78.75	\$87.50		
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO			
			· -		
FROM:	ert Keton				
TROWN.	Nam	e (Printed or typed)			
185	2 NW 48 Street				
		Address			
Mia	mi Fl 33142				
	City, State & Zip				
305	244 0250				
	Daytime 7	relephone number			
ake	on777@gmail.com				
	E-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 corporate	ion shall be: KETONS LANDSCAPING L	AWNS TREES IN	C	
ARTICLE II PRINC	<u>TIPAL OFFICE</u> Principal <u>street</u> address	Mailing address, if different is:		
1852 NW 48 Street Mia	mi FL 33142	P.O BOX	471301 Miami FL 33247	
ARTICLE III PURPO The purpose for which t	he corporation is organized is: ES 12	bs for kids at risk, o	ex felons, and low income familie 66 AUG 29 AH 10: 32	SECRETARY OF STATES OF STA
ARTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS Albert Keton - Owner/President 1852 NW 48 Street Miami FL 33142	Name and Title Address:	Kimberley Shingles - Vice Pres 1852 NW 48 Street Miami FL 3.	
Name and Title Address	Jakeem Johnathan Keton - Chairman 1852 NW 48 Street Miami FL 33142	Name and Title Address:	Makayla Jones - Co Chairman 1852 NW 48 Street Miami FL 3	3142
Name and Title Address	Essence Thomas - Secretary 1440 NW 88th Street Miami FL 33147	Name and Title Address:		

Name ar	nd Title:	Name and Title:
Address	s	Address:
	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Kimberley Shingles	
Address:	1852 NW 48 Street Miami FL 33142	— **:
. 144. 055		16 Vis
	•	AUG 29
ARTICLE VII	<u>INCORPORATOR</u>	29 CAR
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	Albert Keton	AHIO: 32
Address:	1852 NW 48 Street Miami FL 33142	32 TON
		·
Effective date, it	date is listed, the date must be specific and can	2016 (OPTIONAL) not be more than five business days prior or 90 business
	e inserted in this block does not meet the applicable effective date on the Department of State's recorded	le statutory filing requirements, this date will not be listed as s.
	med as registered agent to accept service of processing am familiar with and accept the appointment as a service of processing the service of processing and service of proces	
	ocument and affirm that the facts stated herein a	re true. I am aware that the false information submitted in a
document to the	Department of State constitutes a third degree fel	ony as provided for in s.817.155, F.S.
Page	ured Signature/Incorporator	

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1