

PIE000080468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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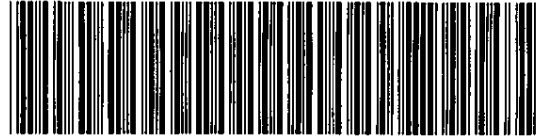
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 OCT -3 AM 8:05  
REGISTRATION  
FALLAHASSEPTORNA

N. SAMS  
OCT 04 2016

## COVER LETTER

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

**SUBJECT:** Kaylas Heavenly Smokes, 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:** Michael Abernathy  
Name (Printed or typed)  
  
9917 Fairway Circle  
Address  
  
Leesburg, FL 34788  
City, State & Zip  
  
352-308-7514  
Daytime Telephone number  
  
mgabernathy@mac.com  
E-mail address: (to be used 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 corporation shall be: Kaylas Heavenly Smokes, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9917 Fairway Cir

Leesburg, FL 34788

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Catering and food service

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Michael Abernathy - President

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

Address 9917 Fairway Cir

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

Leesburg, FL 34788

Name and Title: Marisela Garcia - Vice President

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

Address 9917 Fairway Cir

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

Leesburg, FL 34788

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

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

2016 OCT -3 AM 8:05  
SECRETARY OF STATE  
FLORIDA

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: Michael Abernathy  
Address: 9917 Fairway Cir  
Leesburg, FL 34788

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Michael Abernathy  
Address: 9917 Fairway Cir  
Leesburg, FL 34788

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/30/2016 (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 09/30/2016  
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 09/30/2016  
Date