

PI 6000080484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

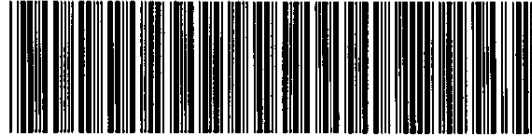
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/03/16--01019--002 **87.50

16 OCT -3 PM 12:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: KERR PARTNERS 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: JOHN BAKER KERR

Name (Printed or typed)

8840 SOUTHERN ORCHARD RD. SOUTH

Address

DAVIE, FL 33328

City, State & Zip

954-299-9805

Daytime Telephone number

KerrPartnersInc@gmail.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: KERR PARTNERS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8840 SOUTHERN ORCHARD RD. SOUTH

DAVIE, FL 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
to conduct any and all lawful business activities allowed under the laws of the State of Florida.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN BAKER KERR - PRESIDENT

Name and Title: CHRISTINA HELENA KERR - VICE PRESIDENT

Address 8840 SOUTHERN ORCHARD RD. SOUTH
DAVIE, FL 33328

Address: 240 BAYFIELD CT
MILTON, GA 30004

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: JOHN BAKER KERR
 Address: 8840 SOUTHERN ORCHARD RD. SOUTH
DAVIE, FL 33328

16 OCT -3 PM 12:26
 SEC. OF STATE
 TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: JOHN BAKER KERR
 Address: 8840 SOUTHERN ORCHARD RD SOUTH
DAVIE, KL 33328

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10-4-2016 (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

9-30-2016
 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

9-30-2016
 Date