

P16000087709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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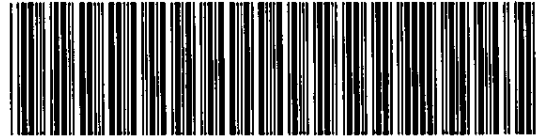
(Business Entity Name)

(Document Number)

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

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2016 OCT 28 AM 7:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

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

SUBJECT: K + S MORRIS Enterprises 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: SARA L MORRIS  
Name (Printed or typed)

7527 Merchanteville Circle  
Address

Zephyrhills Florida 33540  
City, State & Zip

813-701-7616  
Daytime Telephone number

Blueskymorris@Juno.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: K+S MORRIS Enterprises Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
7527 Merchantville Circle  
Zephyrhills Florida  
33540

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To legally perform a  
affordable handyman repair or maintenance  
according to licenses held by K+S MORRIS  
Enterprises Inc.

**ARTICLE IV SHARES**

The number of shares of stock is: 10

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

Name and Title: N. Kendall MORRIS Name and Title: \_\_\_\_\_

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

7527 Merchantville Circle  
Zephyrhills FL 33540

Name and Title: Sarah J. MORRIS Name and Title: \_\_\_\_\_

Address: Vice President Address: \_\_\_\_\_

7527 Merchantville Circle  
Zephyrhills FL 33540

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

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

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TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
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TALLAHASSEE, FLORIDA  
X9

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Sarah Morris  
Address: 7527 Merchantville Circle  
Zephyrhills FL 33544

**ARTICLE VII INCORPORATOR**

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

Name: Sarah Morris  
Address: 7527 Merchantville Circle  
Zephyrhills FL 33544

**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*

Sarah Julia Morris 10-28-2016  
Required Signature/Registered Agent 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.*

Sarah Julia Morris 10-28-2016  
Required Signature/Incorporator Date