P1600008920/

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
				





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2016 NOV -4 AM 10: 23
SERVEY OF STATE
TALLAHASSEE FLORIDA

-Sharer - RA/RO/RS - Op - Barling puryones - Inc. - Name, Add., Sig., V HERRING NOV - 8 2018

COVER LETTER

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

SUBJECT: Che	erie Kelly P.A				
SUBJECT.	(PROPOSED CORPO	RATE NAME – <u>MUST INCL</u> I	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the	articles of incorporation and	l a check for:		
□ \$70.0 Filing Fe	-	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:		(D: 1 1 1)			
	14011 Silver Oak Circle	me (Printed or typed)			
	Address				
	Largo FL 33774				
	Ci	ty, State & Zip	., <u> </u>		
	208-520-9416				
	Daytime	e Telephone number	· · · · · · · · · · · · · · · · · · ·		
	cheriekellylll@ymail.com				
	E-mail address: (to be u	ised for future annual report r	notification)		

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



October 25, 2016

CHERIE KELLY 14011 SILVER OAK CIRCLE LARGO, FL 33774

SUBJECT: CHERIE KELLY PA Ref. Number: W16000072437

We have received your document for CHERIE KELLY PA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 316A00022834

www.sunbiz.org

Division of Compositions D.O. DOV 6297 Tollahages Florida 2021

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME The name of the corporation shall be: Cherie Kelly P.A	THE HOLD TO THE
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, it different is a
14011 Silver Oak Circle	- LONIOA
Largo FL 33774	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	al Estate Business SWI & MANAGEMENT
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECT	<u>ORS</u>
Name and Title: Chink Killy - A	Name and Title:
Address 401 Sile Office	Address:
Largo H.	774
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:

Name and Title:	Name and Title:				
Address	Address:	2016 NOV -4 AM 10: NO			
		TALLINE SHY OF			
		SO TEMPASSEE, FLORIDA			
ARTICLE VI REGISTERED AGENT					
The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is	s :			
Name: Child Kliff					
Address: 14011 Silver Har Circle					
Lamo U. 33774					
ARTICLE VII INCORPORATOR					
The <u>name and address</u> of the Incorporator is:		•			
Name: Wirle killy					
Address: 14011 Silver Out City	<u> </u>				
Lavan Fl. 33774					
	•				
ARTICLE VIII EFFECTIVE DATE:	OPTIO	N(41)			
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 this certificate, I am familiar with and accept the appointment as reg	for the above stated istered agent	corporation at the place designated in			
7 ()) //(())		/ /			
Required Signature/Registered Agent		Date // ()			
I subport 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.					
		10/14/110			
Required Signature/Incorporator		/ Pate '			