

P/B 000091971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

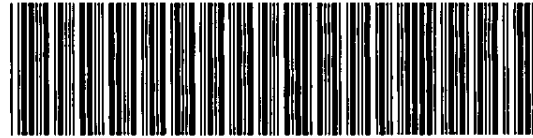
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
11/15/16
16 NOV 15 PM 5:51

M. MOON
NOV 15 2016

AFFIDAVIT

Name: Kimona Lawrence
Occupation: Optometrist

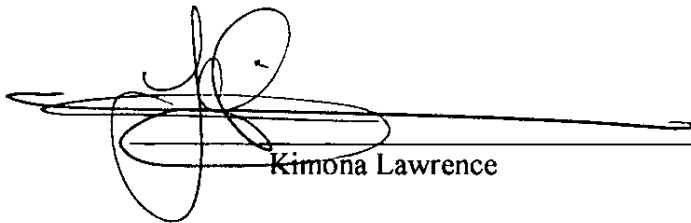
I, Kimona Lawrence, swear or affirm:

That I have no intention of reinstating the corporation Kimona Lawrence, Inc.

Further affiant saith not.

I SWEAR OR AFFIRM THAT THE ABOVE AND FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.

11/10/2016
Date


Kimona Lawrence

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COVER LETTER

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

SUBJECT: Kimona Lawrence, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Kimona Lawrence

Name (Printed or typed)

829 NW 208th Way

Address

Pembroke Pines, FL 33029

City, State & Zip

(954)647-8721

Daytime Telephone number

Kimlaw09@gmail.com

E-mail address: (to be used for future annual report notification)

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

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STATE
REDACTED

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: Kimona Lawrence, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
829 NW 208TH Way

Pembroke Pines, FL 33029

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kimona Lawrence, President

Address: 829 NW 208th way

Pembroke Pines, FL 33029

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRET
STATE
SIDA

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: Kimona Lawrence
Address: 829 NW 208th Way
Pembroke Pines, FL 33029

ARTICLE VII INCORPORATOR

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

Name: Kimona Lawrence
Address: 829 NW 208th Way
Pembroke Pines, FL 33029

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/10/2016 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

11/10/2016

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

11/10/2016

Date

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