

P170000/9829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300296049463

03/02/17--01018--003 **70.00

FILED
17 MAR -2 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/06/17

COVER LETTER

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

SUBJECT: Eileen S. Kehoe, P.A.

(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: Eileen S. Kehoe

Name (Printed or typed)

835 Levitt Parkway

Address

Rockledge, FL 2955

City, State & Zip

321-794-3036

Daytime Telephone number

e.s.kehoe@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: Eileen S. Kehoe, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

835 Levitt Parkway

PO Box 560267

Rockledge, FL 32955

Rockledge, FL 32956

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

the practice of Real Estate Sales and any and all business activities allowed by law.

ARTICLE IV SHARES

The number of shares of stock is: 100

FILED
17 MAR +2 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eileen S. Kehoe, President

Name and Title:

Address 835 Levitt Parkway

Address:

Rockledge, FL 32955

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: Eileen S. Kehoe
Address: 835 Levitt Parkway
Rockledge, FL 32955

ARTICLE VII INCORPORATOR

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

Name: Eileen S. Kehoe
Address: 835 Levitt Parkway
Rockledge, FL 32955

FILED
17 MAR -2 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/22/2017 (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

Eileen S. Kehoe 2/27/17
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.

Eileen S. Kehoe 2/27/17
Required Signature/Incorporator Date