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17 DEC -6 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: KEVIN SAXON, 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: KEVIN SAXON
Name (Printed or typed)

232 NE 22ND STREET
Address

WILTON MANORS, FL 33305
City, State & Zip

(561) 279-5455
Daytime Telephone number

kevinsaxon@rocketmail.com
E-mail address: (to be used for future annual report notification)

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

Name and Title: KEVIN SAXON - PRESIDENT Name and Title: _____
Address: 232 NE 22ND ST Address: _____
WILTON MANORS, FL _____
33305 _____

ARTICLE VI REGISTERED AGENT

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

Name: KEVIN SAXON
Address: 232 NE 22ND STREET
WILTON MANORS, FL 33305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KEVIN SAXON
Address: 232 NE 22ND STREET
WILTON MANORS, FL 33305


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

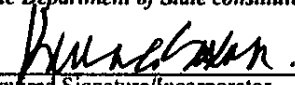
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 12/4/17
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.

 12/4/17
Required Signature/Incorporator Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

KEVIN SAXON, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

232 NE 22ND STREET

WILTON MANORS, FL 33305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INTERIOR DESIGN AND REMODELING

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KEVIN SAXON, PRESIDENT

Name and Title:

Address

232 NE 22ND STREET

Address:

WILTON MANORS, FL 33305

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA