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(Request)

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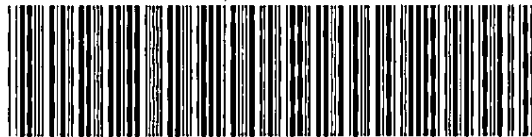
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TALLAHASSEE, FLORIDA

2018 JAN 11 10:00:00

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COVER LETTER

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

SUBJECT: ESTATE OF CARYL ANN KENNISON 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: JEFFREY JOHNSON
Name (Printed or typed)
29 SCOTCH PINE CT.
Address
CRAWFORDVILLE, FL 32327
City, State & Zip
850-590-6276
Daytime Telephone number
RADIOB192 @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

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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: ESTATE OF CHERYL ANN KENNISON INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

29 SCOTCH PINE CT.
CRAWFORD VILLE, FL. 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEFFREY JOHNSON Name and Title: _____

Address: PRESIDENT Address: _____

29 SCOTCH PINE CT.
CRAWFORD VILLE, FL. 32327

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: JEFFREY JOHNSON
 Address: 29 SCOTCH PINE CT.
CRAWFORDVILLE, FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: JEFFREY JOHNSON
 Address: 29 SCOTCH PINE CT.
CRAWFORDVILLE, FL 32327

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.)

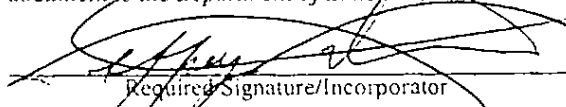
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


 Required Signature/Registered Agent

1-11-2018
 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

1-11-2018
 Date

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