

PI80000 44714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

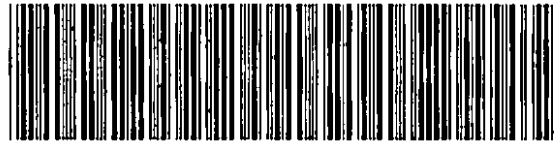
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

N. SAMS

MAY 16 2018



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05/07/18--01011--003 \*\*70.00

18 MAY 16 PM 4:05  
FALL HAVEN, FL 32424



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 11, 2018

PRECIOUS BROWN  
1359 WEST 20TH ST  
JACKSONVILLE, FL 32209

SUBJECT: KHAMANI'S KLOSET  
Ref. Number: W18000044250

We have received your document for KHAMANI'S KLOSET and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 618A00009814

RECEIVED  
2018 MAY 16 AM 10:27  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE  
COMMERCIAL  
REGISTRATION SERVICES

## COVER LETTER

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

SUBJECT: Khamani's Klose 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: Precious Brown  
Name (Printed or typed)

1359 West 20th St  
Address

Jacksonville FL 32209  
City, State & Zip

904-802-9217  
Daytime Telephone number

\_\_\_\_\_  
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: Khamani's K'loset Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

1359 West 20th St  
Jacksonville FL 32209

Mailing address, if different is:

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Precious Brown CEO Name and Title: \_\_\_\_\_

Address: 1359 West 20th St Address: \_\_\_\_\_

Jacksonville FL 32209

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

18 MAY 16 PM 4:05  
COUNTY CLERK, FLORIDA

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: Precious Brown

Address: 1359 West 20th St  
Jacksonville FL 32209

**ARTICLE VII INCORPORATOR**

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

Name: Precious Brown

Address: 1359 West 20th St  
Jacksonville FL 32209

18 MAY 16 PM 4:05  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 4-6-18 (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*

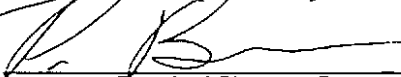


Required Signature/Registered Agent

4-6-18

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

4-6-18

Date