

P18000050380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

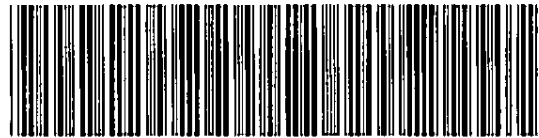
(Business Entity Name)

(Document Number)

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Office Use Only



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05/16/18--01014--004 \*\*70.00

D O'KEEFE  
MAY 06 2018

FILED  
18 MAY 31 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6P

W18-48621



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2018 MAY 31 AM 10:37

REGISTRATION  
COMMERCIAL  
SERVICES

May 22, 2018

MELISSA MYERS  
6422 8E 62ND CT  
TRENTON, FL 32693

SUBJECT: THE KASE AGENCY  
Ref. Number: W18000048621

We have received your document for THE KASE AGENCY 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.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 218A00010616

## COVER LETTER

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

SUBJECT: The Kase Agency, Incorporated  
(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: Melissa Myers  
Name (Printed or typed)

6422 SE 62nd Ct  
Address

Trenton, FL 32693  
City, State & Zip

352 278-2336  
Daytime Telephone number

myersm94@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: The Vase Agency, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6422 SE 62nd Ct  
Trenton Fl. 32093

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Insurance

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Melissa Myers - President Name and Title: \_\_\_\_\_

Address: 6422 SE 62nd Ct Address: \_\_\_\_\_  
Trenton Fl. 32093

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

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

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

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

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18 MAY 31 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, 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: Melissa Myers

Address: 6422 SE 62nd Ct

Trenton FL 32693

**ARTICLE VII INCORPORATOR**

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

Name: Melissa Myers

Address: 6422 SE 62nd Ct

Trenton FL 32693

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TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 5.11.18 (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*

Melissa Myers

Required Signature/Registered Agent

5.14.18

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.*

Melissa Myers

Required Signature/Incorporator

5.14.18

Date