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Special Instructions to Filing Officer:						
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Office Use Only

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T. SCOTT



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COVER LETTER

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

SUBJECT: KATH	LEEN M FLYNN PA		
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
S70.00 Filing Fee	☐ \$78.75 Filing Fce & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
TDAL.	THLEEN FLYNN Name	(Printed or typed)	
480	7 SUNSET COURT UNIT 701		
	-	Address	
CA	PE CORAL, FL 33904		
	City,	State & Zip	
239	-699-2733		
	·	elephone number	
KAT	THLEEN@PARADISEINTLTAX.C		
	E-mail address: (to be used	for future annual report n	otification)

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

October 30, 2018

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

Reference: Kathleen M Flynn PA Florida Document Number P11000062993

Dear Department:

It has come to my attention that my corporation Kathleen M Flynn PA Florida Document Number P11000062993 has been administratively dissolved for non payment of annual report.

At this time I would ask the state to release my Florida Document Number P11000062993 for my Corporation Kathleen M Flynn PA.

Further, I am submitting new articles to be filed at this time.

Kathlein M. 4 lyn

Thanking you in advance for your assistance with these matters.

Sincerely,

Kathleen M Flynn

President

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

name of the corpo				
<u>ICLE II PRI</u>	NCIPAL OFFICE			
SUNSET CT UNIT	Principal <u>street</u> address	Mailing SAME	g address, if different is:	
E CORAL, FL				
-		 -		
				
ICLE III PUR purpose for which	POSE h the corporation is organized is:	O ALL LAWFUL BUSINES	SS PERTAINING TO TAX P	
				
	of stock is:	VALUE		
umber of shares o	IAL OFFICERS AND/OR DIRECTORS KATHLEEN FLYNN , PRESIDENT	 -		
umber of shares of CLE V INITAL Name and Tit	IAL OFFICERS AND/OR DIRECTORS KATHLEEN FLYNN , PRESIDENT 4807 SUNSET CT UNIT 701	Name and Title:		
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Name a	nd Title:	Name and Title:	
Addres			
ARTICLE VI	REGISTERED AGENT		
The <u>name and F</u>	lorida street address (P.O. Box NOT accep-	able) of the registered agent is:	
Name:	KATHLEEN FLYNN		
Address:	4807 SUNSET CT UNIT 701		
	CAPE CORAL, FL 33904		
			
ARTICLE VII	<u>INCORPORATOR</u>		
	idress of the Incorporator is:		
Name:	KAthleen Flynn		
Address:	4807 Sunset CT		
	CARE Coral, FL 3	13904	
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, 11.	other than the date of filing:ate is listed, the date must be specific and	(OPTION)	AL) s prior or 90 days after the
filing.)	,	cumus de more man nive days	s prior or 50 days after the
Note: If the date	inserted in this block does not meet the appl	icable statutory filing requireme	ents, this date will not be listed as
the document's ef	fective date on the Department of State's rec	rords.	
Havine heen nan	ned as registered agent to accept service of p	percent for the above stated com-	
nos cerujicute, i a	m Jamuuar with and accept the appointment	as registered agent and agree to	oration at the place designated in o act in this capacity
Ko	Required Signature/Registered Ager		
	Required Signature/Registered Ager	nt	10-29-2018 Date
submit this doci	unent and affirm that the facts stated herei	n are true. I am aware that thi	e false information submitted in a
ocument to the L	repartment of State constitutes a third degree	felony as provided for in s.817.	.155, F.S.
Kath	ed Signature/Incorporator		10-29-2018
Requir	ed Signature/Incorporator		10-29-2018 Date

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