

P2000003178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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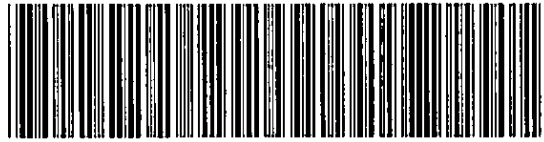
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

HONIGMAN

Denese K. Grove
Office: 248.566.8542
dgrove@honigman.com

Via FedEx

December 19, 2019

New Filing Section
Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Kerry Wilson, Inc.

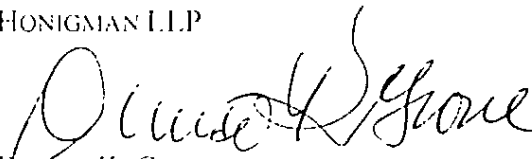
Dear Sir/Madam:

Enclosed for filing are the Articles of Incorporation for Kerry Wilson, Inc. Also enclosed is a check in the amount of \$78.75 for the filing fee and certificate of status. Please file the enclosed original, and date stamp the enclosed copy and return it to me in the enclosed envelope along with the certificate of status, in the enclosed envelope.

Please contact me if you have any questions.

Very truly yours,

HONIGMAN LLP


Denese K. Grove
Paralegal

Enclosures
c. Charles Nida, Esq.

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Kerry Wilson, 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: Kerry Wilson
Name (Printed or typed)

11070 Turtle Beach Road, Apt. B203
Address

North Palm Beach, FL 33408
City, State & Zip

(914) 525-7391
Daytime Telephone number

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

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

SECRETARY OF STATE
TALLAHASSEE, FL

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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: Kerry Wilson, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11070 Turtle Beach Road, Apt. B203

North Palm Beach, FL 33408

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any activity within the purposes for which a corporation may be formed under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 10,000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kerry Wilson, President, Secretary and sole Director Name and Title: _____

Address 11070 Turtle Beach Road, Apt. B203 Address: _____
North Palm Beach, FL 33408

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: Kerry Wilson

Address: 11070 Turtle Beach Road, Apt. B203

North Palm Beach, FL 33408

ARTICLE VII INCORPORATOR

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

Name: Kerry Wilson

Address: 11070 Turtle Beach Road, Apt. B203

North Palm Beach, FL 33408

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TALLAHASSEE, FL

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

Kerry Wilson
Kerry Wilson Required Signature/Registered Agent

11 December 2019
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.

Kerry Wilson
Required Signature/Incorporator Kerry Wilson

11 December 2019
Date