

1/29/2020

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Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
Account Number : I20020000140
Phone : (561)844-3600
Fax Number : (561)842-4104

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: KD@COHENNORRIS.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

KELLE S. RUE, P.A.

Certificate of Status	0
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Page Count	02
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20 JAN 29 PM 3:48
TALLAHASSEE, FLORIDA

1/29/2020

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Corporate Filing Menu

Help

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COVER LETTER

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

SUBJECT: Kelle S. Rue, P.A.

(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: Gregory R. Cohen, Esq.

Name (Printed or typed)

712 U.S. Highway One, Suite 400

Address

North Palm Beach, FL 33408

City, State & Zip

561-844-3600

Daytime Telephone number

KD@COHENNORRIS.COM

E-mail address: (to be used for future annual report notification)

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

H200000 330653

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: KELLE S. RUE, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6915 W. Sunrise Boulevard, Unit 401
Plantation, FL 33133

Mailing address, if different is:
6915 W. Sunrise Boulevard, Unit 401
Plantation, FL 33133

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Be a Transaction Coordinator.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kelle S. Rue, P., V.P., S., T., D.

Name and Title: _____

Address 6915 W. Sunrise Boulevard, Unit 401

Address: _____

Plantation, FL 33133

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
JAN 29 2020

H200000 33065 3

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: Gregory R. Cohen, Esq.

Address: 712 U.S. Highway One, Suite 400
North Palm Beach, FL 33408

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kelle S. Rue

Address: 6915 W. Sunrise Boulevard, Unit 401
Plantation, FL 33133

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TALLAHASSEE, FL 32304

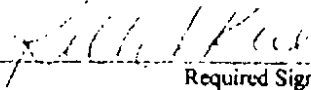
ARTICLE VIII EFFECTIVE DATE:

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.)

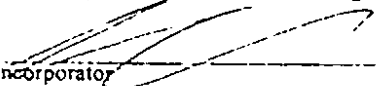
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

1/29/20
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

1/29/20
Date