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W20-18421

January 13, 2020

Resending March 2, 2020

To Sunbiz,

I, Sherri Klein, do not intend to reinstate Klein Communications, Inc.

Document # P03000033587.

Therefore, I would like to use Klein Communications Inc. in my next business.

Thank you,

Sherri Klein

561-703-8955

20020 Sawgrass Lane

#4903

Boca Raton, FL 33434



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2020

SHERRI KLEIN 20020 SAWGRASS LANE, #4903 BOCA RATON, FL 33434

SUBJECT: KLEIN COMMUNICATIONS INC.

_ Ref. Number: W20000018421

We have received your document for KLEIN COMMUNICATIONS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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: 220A00003856

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COVER LETTER

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

SUBJECT:	KLEIN COMMUN (PROPOSED CORPORA	ICATIONS,	INC.
Enclosed are an ong	ginal and one (1) copy of the art	icles of incorporation and	a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	& Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:		(Printed or typed)	
	20020 Skrugk	ASS LAWE	#4903
_	20020 Skrugk BOCA RATON City,	State & Zip	434
	561 - 703 - Daytime T	- 89.55 elephone number	
_	Sherri Klein E-mail address: (to be used		CoM otification)

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:	N COMMUNICATIONS INC.
ARTICLE II PRINCIPAL OFFICE Principal street address Principal street address FURTHER PRINCIPAL OFFICE Principal street address ATON FL 334	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized in BUS NESS ACTIV 1/7	: Any and ALL LEGAL
ARTICLE IV SHARES The number of shares of stock is: // 0,000 ARTICLE V INITIAL OFFICERS AND/OR DIR Name and Title: SHERL KLEIN	PLES DENT Name and Title:
Address 44903	LANE Address:
BOCA RATUN, F	C 33434 · 8
	Name and Title: Address:
	Name and Title:
Address	Address:

Name and	Title:	Name and Title:	-
Address		Address:	
			· · · · · · · · · · · · · · · · · · ·
ARTICLE VI RE	GISTERED AGENT		
	ida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	SHERRI KLEIN	_	
Address:	20020 SAWYPASS LAL	E, #4903	20
	20020 SAWYPASS LAW BOCK RATON, FL 33	434	
·		<u> </u>	<u> </u>
ARTICLE VII IN	CORPORATOR		
The name and addi	ress of the Incorporator is:		ूं छ
Name:	SHERRI KIEIN		;
Address:	20020 SAWGRASS LA	INE, #4903	
	20020 SAWGRASS LA BOCA RATUN, FL 33	<u>.</u> 434	
ARTICLE VIII E	FFECTIVE DATE:	(2. p.	
	her than the date of filing: $\frac{1}{5}$	OPTIONA not be more than five days	
Note: If the date in	serted in this block does not meet the applicab	le statutory filing requireme	nts, this date will not be
the document's effe	ctive date on the Department of State's record.	s.	
Having been named	as registered agent to accept service of process	for the above stated corpora	tion at the place design
certificate Lam fam	iliar with and accent the annointment as regist	ared agent and agree to get	n this capacity
# #	Klein		1/15/2
_ freu	71		Date
Meu	//Required Signature/Registered Agent		
I submit this docum	Required Signature/Registered Agent ment and affirm that the facts stated herein are	e true. I am aware that the	false information subn
I submit this docum	vent and affirm that the facts stated herein ar partment of State constitutes a third degree felo	e true. I am aware that the	false information subm 55, F.S.