

P21000076059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

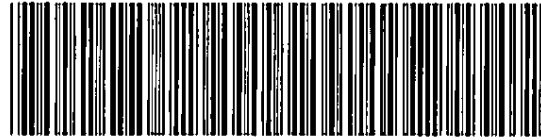
(Document Number)

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W21000115408

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SECRETARY OF STATE
TALLAHASSEE, FL

08/20/21--01031--010 **78.75

RECEIVED

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Steven Kerley, P.A.

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

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

SUBJECT: Steven Kerley, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Steven Kerley
Name (Printed or typed)

20984 Uptown Ave, Apt. 101
Address

Boca Raton, FL 33428
City, State & Zip

561-926-1310
Daytime Telephone number

skerley222@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2021

CAPITAL CONNECTION, INC.

SUBJECT: STEVEN KERLEY, P.A.
Ref. Number: W21000115408

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2021 AUG 25 PM 2:50

RECEIVED

We have received your document for STEVEN KERLEY, P.A. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Carlos E Rico
Regulatory Specialist III

Letter Number: 621A00020092

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: Steven Kerley, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

20984 Uptown Ave
Apt. 101

Boca Raton, FL 33428

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Agent

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SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steven Kerley, President

Address: 20984 Uptown Ave
Apt. 101
Boca Raton, FL 33428

Name and Title: Steven Kerley, Secretary

Address: 20984 Uptown Ave
Apt. 101
Boca Raton, FL 33428

Name and Title: Steven Kerley, Treasurer

Address: 20984 Uptown Ave
Apt. 101
Boca Raton, FL 33428

Name and Title: Steven Kerley, Director

Address: 20984 Uptown Ave
Apt. 101
Boca Raton, FL 33428

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Carman Law Firm, P.A.
Address: 5301 N. Federal Hwy, Suite 160
Boca Raton, FL 33487

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Steven Kerley
Address: 20984 Uptown Ave, Apt 101
Boca Raton, FL 33428

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TALLAHASSEE, FL

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: August 18, 2021 (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
Date 8/19/2021

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.

Steven Kerley
Required Signature/Incorporator
Date 08/18/2021