

P230000 36622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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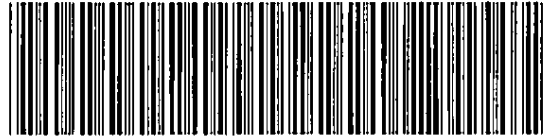
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
23 APR 20 PM 12:35
SECURITY
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Kcoast Associates, 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: Susan E. Kelly Name (Printed or typed)

233 Galleon Drive Address

Ponte Vedra, FL 32081 City, State & Zip

(772) 486 5021 Daytime Telephone number

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

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: Kcoast Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>233 Galleon Drive</u>	<u></u>
<u>Ponte Vedra, FL 32081</u>	<u></u>
<u></u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Susan E. Kelly</u>	Name and Title: <u>President</u>
Address <u>233 Galleon Drive</u>	Address: <u></u>
<u>Ponte Vedra, FL 32081</u>	<u></u>
<u></u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address <u></u>	Address: <u></u>
<u></u>	<u></u>
<u></u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address <u></u>	Address: <u></u>
<u></u>	<u></u>
<u></u>	<u></u>

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: Susan E. Kelly

Address: 233 Galleon Drive

Ponte Vedra, FL 32081

ARTICLE VII INCORPORATOR

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

Name: Susan E. Kelly

Address: 233 Galleon Drive

Ponte Vedra FL 32081

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.

Susan E. Kelly

Required Signature/Registered Agent

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.

Susan E. Kelly

Required Signature/Incorporator

Date

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23 APR 20 PM 12:23
2023
204-13-2023