024000043444

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Basillosa Ellilly Hallis)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Fiting Officer:					

Office Use Only



900431051229

2024 JUN 27 MM 9: 47

RECEIVED

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 06/27/24 Order #: 1543752-1

Re: Kevin White Associates Inc Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

120000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

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

SUBJECT:	evin White Associates Inc. (PROPOSED CORPOR	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	n original and one (1) copy of the a	articles of incorporation and	d a check for:		
■ \$70.0 Filing F	00 □ \$78.75 Tee Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
		RDDITIONAL CO	T REQUIRED.		
FROM: Benedette Diaferia, CPA Name (Printed or typed) 157 13th Street, # 110					
		Address	···········		
	Brooklyn, NY 11215				
City, State & Zip					
	212-741-4255				
	Daytime	Telephone number			
_	BDiaferia@AOL.com				
	E-mail address: (to be use	d for future annual report no	otification)		

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

2024 JUN 27 JUN 9:

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corpora	Kevin White Associate	es Inc.		
	<u>CIPAL OFFICE</u> Principal <u>street</u> address		failing address, if differe	ent is:
ARTICLE III PURP The purpose for which Florida.	OSE Initial the corporation is organized is:	application for a new entit	y incorporating in the S	tate of
ARTICLE IV SHAR The number of shares of ARTICLE V INITL	stock is: 200 AL OFFICERS AND/OR DIRECTORS			2024 JUN 27
Name and Title Address	Kevin White, President 155 Ocean Lane Dr. #1009 Key Biscayne, FL 33149	Name and Title: Address:	in c	1917
Name and Title:		Name and Title: Address:		
Name and Title:_		Name and Title:		

. Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT lorida street address (P.O. Box NOT accept	table) of the registered agent is:	
Name:	Kevin White		
Address:	155 Ocean Lane Dr. #1009		
	Key Biscayne, FL 33149		
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		
Name:	Benedette Diaferia		2024
Address:	157 13th Street, # 110		
	Brooklyn, NY 11215		27 1
ARTICLE VIII	EFFECTIVE DATE:		27 11 0
Effective date, if	other than the date of filing:	. (OPTIONAL)	
(If an effective of filing.)	date is listed, the date must be specific and	I cannot be more than five days prio	r or 90 days after the
Note: If the date the document's e	e inserted in this block does not meet the appeter inserted in the Department of State's re	olicable statutory filing requirements, the ecords.	nis date will not be listed as
Having been nan certificate, I am f	ned as registered agent to accept service of pr familiar with and accept the appointment as	rocess for the above stated corporation a registered agent and agree to act in this	it the place designated in this capacity
	RDIN lite		06/14/2024
	Required Signature/Registered Age	ent	Date
I submit this doc document to the l	l ument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am aware that the false e felony as provided for in s.817.155, F.	information submitted in a .S.
DA	A		06/14/2024
Required Signatu	re/Incorporator	Date	