

P24000048422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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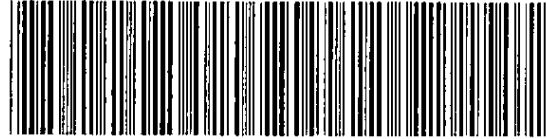
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: KELLY'S 24 HOUR 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

2021 11 03 AM 9:47

FILED

FROM: RAED HAIFA

Name (Printed or typed)

1320 W JEFFERSON ST

Address

QUINCY, FL 32351

City, State & Zip

850-345-3837

Daytime Telephone number

RHAIFA86@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: KELLY'S 24 HOUR INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1320 W JEFFERSON ST

QUINCY, FL 32351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFIT

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAED HAIFA, PRESIDENT

Name and Title: _____

Address

7053 SAWLEY LANE

Address: _____

TALLAHASSEE, FL 32317

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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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: RAED HAIFA

Address: 7053 SAWLEY LANE

TALLAHASSEE, FL 32317

ARTICLE VII INCORPORATOR

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

Name: RAED HAIFA

Address: 7053 SAWLEY LANE

TALLAHASSEE, FL 32317

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TALLAHASSEE, FL

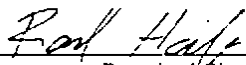
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

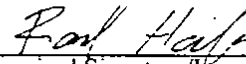
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed on 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 on this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

<u></u>	<u>7/23/2024</u>
Required Signature/Registered Agent	Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted on this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

<u></u>	<u>7/23/2024</u>
Required Signature/Incorporator	Date