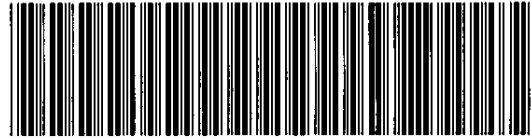


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05/26/11--01007--002 **70.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 26 PM 2:30

SC
5-31-11

COVER LETTER

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

SUBJECT: KWB GATOR TOOLS, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: DAVID M. URSINI
Name (Printed or typed)

1362 86th TERRACE N
Address

ST PETERSBURG, FL 33702
City, State & Zip

727-452-5809
Daytime Telephone number

DURSINI@TAMPABAY.RR.COM
E-mail address: (to be used for future annual report notification)

2011 MAY 26 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FL 32304

FILED

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 KWB GATOR TOOLS, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1362 86th TERRACE N
ST. PETERSBURG, FL 33702

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PURCHASE AND OPERATE A SNAP-ON TOOLS FRANCHISE SELLING, DISTRIBUTING, AND DELIVERING THEIR PRODUCTS. THE CORPORATE RECORDS WILL BE MAINTAINED BY DAVID M. URSINI, PRESIDENT AT 1362 86th TERRACE N, ST PETERSBURG, FL 33702.

ARTICLE IV SHARES

1000 SHARES. DAVID M. URSINI WILL BE THE SOLE OWNER AND POSSESS A 100% OWNERSHIP INTEREST. AS A SNAP-ON FRANCHISEE OWNER, DAVID M URSINI WILL CONTINUE TO OWN AT ALL TIMES IN EXCESS OF 50% OF THE COMPANY EVEN IF HE IS NOT THE SOLE OWNER.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID M. URSINI, PRESIDENT Name and Title: _____
Address: 1362 86th TERRACE N Address: _____
ST PETERSBURG, FL 33702 _____

Name and Title: _____ Name and Title: _____
Address: _____ 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: RONALD C WATERS
Address: 766 SANTA FE STREET
THE VILLAGES, FL 32162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RONALD C WATERS
Address: 766 SANTA FE STREET
THE VILLAGES, FL 32162

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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

Ronald C Waters

Required Signature/Registered Agent

MAY 24, 2011

Date

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.

Ronald C Waters

Required Signature/Incorporator

MAY 24 2011

Date