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COVER LETTER

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

SUBJECT: KM West Coast Con. (PROPOSED CORPORA)	STruction, Inc.
(PROPOSED CORPORA	FE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee Filing Fee	\$78.75
	Filing Fee,
& Certificate of Status	& Certified Copy Certified Copy & Certificate of
	Status
	ADDITIONAL COPY REQUIRED
	•
FROM: Kenneth W. Mess	•
Name	773
P.O. Box 82766	
A	(Printed or typed) ALCAL DEC 30 Address Address
Tamas El 33/09	10 mm
Tampa, FL 33682 City,	State & Zip
J.,, .	
(813) 997-5879	* 7
Daytime Te	elephone number

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

E-mail address: (to be used for future annual report notification)

	in compnance with Chapter	607 and/or Chapter 621, F.S. (Profit	c)
	NAME		
The name of the corp	poration shall be:		
KM WEST COAS	CONSTRUCTION, INC.		
ARTICLE II 1	PRINCIPAL OFFICE		
	Principal street address	Mailing add	dress, if different is:
12703	N BOULAVARD	PO BOX 82766	
TAMPA	A FL 33612	TAMPA	FL 33682
ARTICLE III P	URPOSE		
The purpose for whi	ch the corporation is organized is:		
ANY AND ALL LAV	WFUL BUSINESS		
ARTICLE IV S	HADES		
The number of shares			
	AT \$1.00 PAR VALUE EACH		
	NITIAL OFFICERS AND/OR DIRE	TCTOPS	
	E KENNETH MESSIER-PRES		K WESSIED VD
Address:	12703 N BOULAVARD	Address: 12703 N	BOULAVARD
, radiopp,	TAMPA, FL 33612		FL 33612
N. 1001			
Name and Title	2;		-
Address:		Address:	·
. ,			
			, ,
Name and Title	e:	Name and Title:	
Address:		Address:	
			B N
			
	EGISTERED AGENT		AH H
	da street address (P.O. Box NOT accept	table) of the registered agent is:	E22
Name:	KENNETH MESSIER		3(SS)
Address:	12703 N BOULAVARD		mi-< O mus
	TAMPA, FL 33612		→ →
ARTICLE VII I	NCORPORATOR		5£ _
	ess of the Incorporator is:		
Name:	KENNETH MESSIER		23 - 13 - 13 - 13 - 13 - 13 - 13 - 13 -
Address:	12703 N BOULAVARD		
	<u>TAMPA, FL 33612</u>		
Having been named	as registered agent to accept service of	nencess for the above stated corner	ation at the place decience
this certificate. Lam	as registered agen to accept service of Samiliar with and acc ept t he appointmen	t as repistered agent and agree to act	unon ut the place aesignat I in this canacity
100	100		ma capacity
	wet work		12/27/2011
		ant	Date
	Required Signature/Registered A or		
	Required Signature/Registered Age		•
submit this docume	ent and affirm that the facts stated her	ein are true. I am aware that the fa	ulse information submitted
locument to the Depo		ein are true. I am aware that the fa	ulse information submitted

Required Signature/Incorporator

Date