

P12000040258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

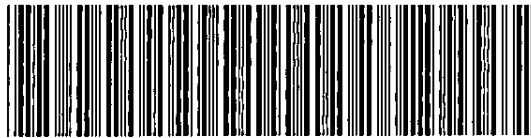
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 MAY - 1 PM 1:54

FILED  
12 MAY - 1 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT:           KIDZ KAB            
(PROPOSED CORPORATE NAME      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:           Terri Scott            
Name (Printed or typed)  
          5623 Tecumseh DR.            
Address  
          Tall., FL 32312            
City, State & Zip  
          (850) 284-5248            
Daytime Telephone number  
          info @ Kidz KAB.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

KIDZ KAB Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5623 Tecumseh Dr.  
Tall. Fl. 32312

Mailing address, if different is:

5623 Tecumseh Dr. Tall. Fl

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ALL Business

**ARTICLE IV SHARES**

The number of shares of stock is:

2

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: (Pres) Terri Scott Name and Title: \_\_\_\_\_

Address: 5623 Tecumseh Dr. Address: \_\_\_\_\_  
Tall. Fl. 32312

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: Terri Scott  
Address: 5623 Tecumseh Dr.  
Tall. Fl. 32312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Terri Scott  
Address: 5623 Tecumseh Dr.  
Tall. Fl. 32312

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

Terri L. Scott

Required Signature/Registered Agent

5/1/12

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.

Terri L. Scott

Required Signature/Incorporator

5/1/12

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA