

P13000023915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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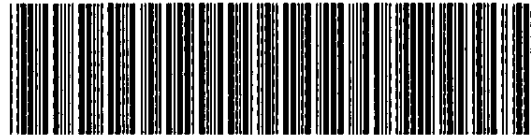
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: K8 Construction Corp., 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: Aaron Haak, Esq.

Name (Printed or typed)

1625 Hendry Street, Suite 301

Address

Fort Myers, Florida 33901

City, State & Zip

(239) 334-2722

Daytime Telephone number

lodgecon2@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: K8 Construction Corp., Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

108 West Village Drive

St. Augustine, Florida 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Construction Contracting

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Krista Dunn, President

Address 108 West Village Drive

St. Augustine, Florida 32084

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

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(conti.)

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:

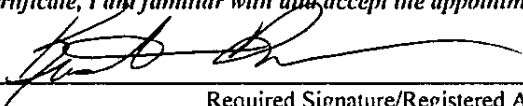
Name: Krista Dunn
Address: 108 West Village Drive
St. Augustine, Florida 32084

ARTICLE VII INCORPORATOR

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

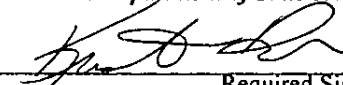
Name: Krista Dunn
Address: 108 West Village Drive
St. Augustine, Florida 32084

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

X 
Required Signature/Registered Agent

3-6-13
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.

X 
Required Signature/Incorporator

3-6-13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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