

P22000017427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

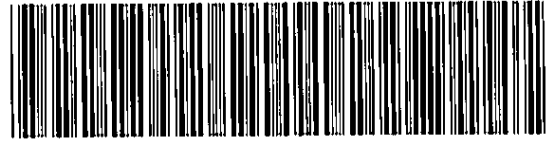
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAR -7 AM 8:52

03/08/22--01001--004 **78.75

TALLAHASSEE, FLORIDA

2022 MAR -7 PM 3:07

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KINGRILL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAR 17 AM 8:52

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- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

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

SUBJECT: KINGRILL, 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

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2022 MAR -7 AM 8:52
TALLAHASSEE, FLORIDA
CLERK OF THE DIVISION OF CORPORATIONS

FROM: TERESA DE LA ROSA, CPA
Name (Printed or typed)

814 PONCE DE LEON BLVD SUITE 204
Address

CORAL GABLES, FL 33134
City, State & Zip

305-385-1099
Daytime Telephone number

TERESA@DELAROSACPAFIRM.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: KINGRILL, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

14956 SW 175 STREET
MIAMI, FL 33187

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDWARD PABON, PRESIDENT

Name and Title: FADI DAHOUK, VP

Address 14956 SW 175 STREET
MIAMI, FL 33187

Address: 14956 SW 175 STREET
MIAMI, FL 33187

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: _____ EDWARD PABON _____
 Address: _____ 14956 SW 175 STREET _____
 _____ MIAMI, FL 33187 _____

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____ EDWARD PABON _____
 Address: _____ 14956 SW 175 STREET _____
 _____ MIAMI, FL 33187 _____

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 as 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 in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Edward Pabon

 Required Signature/Registered Agent

 3/7/2022
 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.

Edward Pabon