

P01000039544
TRANSMITTAL LETTER

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

700004011227--1
-04/16/01--01097--003
*****70.00 *****70.00

SUBJECT: KIRMSS REPORTING SERVICE, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Fran Kirmss
Name (Printed or typed)

1624 Arbor Drive
Address

Clearwater Florida 33756
City, State & Zip

AUTHORIZATION TO FICHE TO

727-581-2539
Daytime Telephone number

DATE

DOC. #

01 APR 16 AM 9:17
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED

01 APR 16 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

KIRMSS REPORTING SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1624 ARBOR DRIVE CLEARWATER FL 33756

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Fran Kirmss 1624 ARBOR DRIVE CLW FL 33756

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Fran Kirmss 1624 ARBOR DRIVE CLW FL 33756



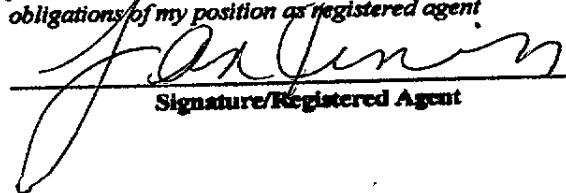
Signature/Incorporator

4-11-01

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

4-11-01

Date