

N/1000009288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ADDED L. JOHNSON AS A
DIRECTOR PER TELEPHONE
CONVERSATION WITH
K. TIMMONS

K 10/03/11

Office Use Only

W11-50796



900212644469

09/29/11--01015--018 **78.75

SECRET
FALLMASHET FLORIDA

11 SEP 29 PM 19 10

K 10/03/11

COVER LETTER

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

SUBJECT: KT Technology and Health, 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 of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Kevin Timmons
Name (Printed or typed)

1105 Ave. A
Address

Haines City, FL 33844
City, State & Zip

(727) 565-3113
Daytime Telephone number

Scatman57@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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: KT Technology and Health, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1105 Ave. A
Haines City, FL. 33844

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Helping others in the community and giving back to the community. Educating young and old on how to use the computer. Keeping up with the latest technology trends. Educating them in health and well being.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: by vote, me and board.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kevin Timmons CEO
Address: 1105 Ave. A
Haines City, FL. 33844

Name and Title: Jordan Timmons Asst Director
Address: 1105 Ave. A
Haines City, FL. 33844

Name and Title: Lucie Johnson President
Address: 244 NE 85
Warrensburg, Mo. 64093

Name and Title: K'Naysee Timmons Asst Director
Address: 1105 Ave. A
Haines City, FL. 33844

Name and Title: Ada Timmons Secretary of Technology
Address: 1014 Ave M
Haines City, FL. 33844

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Kevin Timmons
Address: 1105 Ave. A
Haines City, FL. 33844

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kevin Timmons
Address: 1105 Ave. A
Haines City, FL. 33844

FILED
TALLAHASSEE, FLORIDA
11 SEP 29 PM 12:10

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

Kevin Timmons
Required Signature of Registered Agent

9/27/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

K. Timmons
Required Signature of Incorporator

9/27/11
Date