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Certified Copies	_	Certificates	of Status	
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Special Instructions to	o Filing C	officer:		
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SECRETARY OF STATE
SECRETARY OF STATE

MRD /3

1413-14373 N413-4900S

Office Use Only

COVER LETTER

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

SUBJECT: KOUNTRY KINGZ MC, 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: CED REED

Name (Printed or typed)

270 SUMPTER RIDGE ROAD

Address

MIDWAY, FL 32343

City, State & Zip

8505444304

Daytime Telephone number

cedreed98@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 12, 2013

RECLIVED

CED REED 270 SUMPTER RIDGE ROAD MIDWAY, FL 32343 13 AUG 29 AM 10: 08

SUBJECT: KOUNTRY KINGZ MC, INC

Ref. Number: W13000014373

ECRETARY OF STATE ALLAHASSEE, FLORIDA

We have received your document for KOUNTRY KINGZ MC, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

You must list at least one incorporator with a complete business street address.

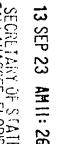
Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 113A00005823



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

September 4, 2013

CED REED 270 SUMPTER RIDGE ROAD MIDWAY, FL 32343

SUBJECT: KOUNTRY KINGZ MC, INC

Ref. Number: W13000049005

We have received your document for KOUNTRY KINGZ MC, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 413A00020887

www.sunbiz.org

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of the	ne corporation shall be: KOUNTRY	KINGZ MC, INC
ARTICLE II		FILED
070	Principal street address:	Mailing address, if differential 23 PM 4: 27
***	SUMPTER RIDGE ROAD	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Mi	DWAY, FL 32343	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
ARTICLE II	\//	e are a motorcycle club made up of friendship, respect and brotherhood.
	or which the corporation is organized is:	mmunity to help those who are less fortunate
		s, biker events and donations from local
		owship and brotherhood through our common
bond.		

As provide	The red by the Bylaws	nanner in which the directors are elected and appointed:
AS PIOVICE	od by the bylaws	· · · · · · · · · · · · · · · · · · ·
ARTICLE	V INITIAL OFFICERS AND/OR D	IRECTORS S
Name and Titl	_ President	Name and Title:
Address	Ced Reed	Address:
Address ,	270 Sumpter Ridge Rd	三
	Midway, FL32343	- 27
Name and Titl	Vice President	Name and Title:
Address	Chris Harrell	Address:
	PO Box 295	
	Gretna, FL 32332	
Name and Titl	e:	Name and Title:
Address		Address:
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Name and Title:	Name and Title:			
Address	Address:	Fi LE:D		
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N. LTVI	N. Levis	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Name and Title:				
Address	Address:	<u> </u>		
				
ARTICLE VI REGISTERED AGENT				
The name and Florida street address (P.O. Box NOT a		nt is:		
Name: <u>Nellie Graham</u>	1			
Address: 420 OAK GROVE L.W.	<u> </u>			
QUINCY, F1. 3235/				
ARTICLE VII INCORPORATOR				
The name and address of the Incorporator is:				
Name: <u>Clc Keed</u>				
Address: <u>3.30 Fox Fire CT.</u>				
Quescy, F1. 32351				
Having been named as registered agent to accept serv				
certificate, I am familiar with and accept the appointment	ent as registered agent and agre	e to act in this capacity		
Jellu Glakan		8/37/2013		
Required Signature of Register	7	/ Data		
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.				
al 2		3.9.18		
Required Signature of Ir	ncorporator			

1,21040.