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(Requesto	or's Name)	
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Tax Professional Services, LLC

A Financial Services Corporation 1105 W Maple Ave Geneva, Al. 36340 334-684-6398 334-684-7193 -fax www.taxprollc.com

Members: National Society of Accountants, National Association of Enrolled Agents, National Society of Tax Professionals, American Society of Problem Solvers

October 5, 2022

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

To whom it may concern.

Enclosed you will find: original and one copy of Articles of Incorporation & Attachment to Articles of Incorporation, check for payment and a self addressed & stamped envelope.

Please register the enclosed Articles of Incorporation & Attachment to Articles of Incorporation for The Kathmans, INC <u>and return the original recorded Articles of Amendment to us in self addressed envelope provided</u> Cert#: 7020 1290 0002 0274 3256.

Thank you,

Candace Pollard

Tax Professional Services, LLC

Enc.

Cert#: 7020 1290 0002 0274 3263

COVER LETTER

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

ECT:	(PROPOSED CORP	ORATE NAME – <u>MÛST INC</u>	CLUDE SUFFIX)
ed is an original a	nd one (1) copy of the Ar	ticles 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 CO	PY REQUIRED
FROM:	Candace Pollard		_
	Na	me (Printed or typed)	
	1105 W Maple Ave		
		Address	-
	Geneva, AL 36340		
		City, State & Zip	
	227 864 8206		

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

Daytime Telephone number

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

candace.pollard@taxprollc.com

ARTICLES OF INCORPORATION

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

ARTICLE I The name of the	NAME accorporation shall be: The Kathmans, Inc.				
ARTICLE II	PRINCIPAL OFFICE				
1695	Principal <u>street</u> address: Highway 177A		Mailing address, if different	is:	
Bonif	ay, FL. 32425				
• •	PURPOSE or which the corporation is organized is: ion is organized exclusively for charitable.				sh nurnosee
					.ir pur poses.
	distributions to organizations that qualify a			ne	=
Internal Rever	nue Code, or corresponding section of any f	uture federal tax	code.		
ARTICLE IV ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	TORS			ent
Name and Titl	e: Louis William Kathman IV- President	Name and Ti	tle: Luci Ann Kathman- Vice-Preside	:nt 	
Address	1695 Highway 177A	Address:	1695 Highway 177A	_	
	Bonifay, FL. 32425	_	Bonifay, FL. 32425		
Name and Titl	Cody W Raffield-Secretary/Treasurer	— Name and Ti	tle:		
Address	1695 Highway 177A	Address:		2022 	1 !
Address	Bonifay, FL. 32425	riddress.			; ; }
Name and Titl	le:	Name and Ti	tle:		f 1
Address		Address:		<u> </u>	

Name and Title:_		Name and Title:		
Address _				
Name and Title:_		Name and Title:		
Address _		Address:	<u> </u>	
_				
	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT	accentable) of the registered agent is	::	
Name:	Louis William Kathman IV			
Address:	1695 Highway 177A			
	Bonifay, FL. 32425			29
ARTICLE VII The name and as	INCORPORATOR ddress of the Incorporator is:			2022 OCT 11
Name:	Candace Pollard			ĩ rì
Address:	1105 W Maple Ave		E LE LORIDA	1- DM 2: 23
	Geneva, AL 36340		第二 第二	23
Effective date, if	EFFECTIVE DATE: Tother than the date of filing: date is listed, the date must be speci	Ge and cannot be more than five		er the filing.)
Note: If the date	e inserted in this block does not meet ctive date on the Department of State	the applicable statutory filing requi		
Having been na certificate, I am	med as registered agent to accept se familiar with and accept the appointm	rvice of process for the above stat tent as registered agent and agree to	ed corporation at the place o act in this capacity	designated in this
2_	Xul V	<u> </u>	10/4/2022	
	Required Signature of Regi		Dute	
I submit this doc the Department	cument and affirm that the facts stated of State constitutes a third degree felo	herein are true. I am aware that an ny as provided for in s.817.155, F.S	y false information submitte :	za in a document lo
	Urlland		10/4/2022	
	Required Signature of	Incorporator	Date	

STATE OF FLORIDA

DOMESTIC NON-PROFIT CORPORATION

ATTACHMENT TO: ARTICLES OF INCORPORATION

The Kathmans, Inc.

ARTICLE IV MANNER OF ELECTION:

The Corporation shall have no voting members. The directors of the Corporation shall be elected in accordance with methods and qualifications specified in the bylaws of the Corporation. In no event, shall the number of directors be fewer than three. No Director shall have any right, title or interest in or to any property of the Corporation.

ARTICLE IX DISSOLUTION:

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

October 4, 2022

Prepared by: Candace Pollard 1105 W Maple Ave Geneva, Al. 36340 Candace Pollard

Print name of Incorporator

ARTICLES OF INCORPORATION

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

ARTICLE I The name of the	NAME to corporation shall be: The Kathmans, Inc.				
ARTICLE II	PRINCIPAL OFFICE				
1695	Principal <u>street</u> address: Highway 177A		Mailing address, if different is:		
Bonifi	ay, FL. 32425				
	PURPOSE r which the corporation is organized is: on is organized exclusively for charitable.			for such p	urposes,
the making of	distributions to organizations that qualify a	s exempt organiza	tions under section 501 (c) (3) of the		
Internal Reven	ue Code, or corresponding section of any fi	uture federal tax c	ode.		
		•			
ARTICLE IV	MANNER OF ELECTION The mann	er in which the dir	See Attractors are elected and appointed:	achment	
			··		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	TORS			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>	Loui Am Kaharan Vina Davidant		
Name and Title		_ Name and Title			
Address	1695 Highway 177A	Address:	1695 Highway 177A	_	
	Bonifay, FL. 32425	_	Bonifay, FL. 32425		
N. L.T.	Cody W Raffield-Secretary/Treasurer			_	
Name and Title	1695 Highway 177A		e; <u> </u>		
Address	Bonifay, FL. 32425	Address:	<u> </u>	2022 OC1	
		_		_ ``	
Name and Title	e:	 Name and Title 		 - P - P*	[:].
Address				· .	C,
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Name and Title	· · · · · · · · · · · · · · · · · · ·	Name and Title:	· · · · · · · · · · · · · · · · · · ·	_
Address		Address:		_
Name and Title	:			_
Address		Address:		
				_
				_
		-		_
ARTICLE VI	REGISTERED AGENT			
	Florida street address (P.O. Box NOT ac	cceptable) of the registered age	ent is:	
Name:	Louis William Kathman IV			
Address:	1695 Highway 177A			
	Bonifay, FL. 32425	****		
	INCORPORATOR			202 2 OCT
The <u>name</u> and	address of the Incorporator is:		· 	00
Name:	Candace Pollard		•	
Address:	1105 W Maple Ave		ــ . ــ پير * *	PR TI
	Geneva, AL 36340		 پ ــــ ن	7 × 2:
ARTICLE VIII	I EFFECTIVE DATE:			23
Effective date,	if other than the date of filing:	. (0)		
(If an effective	date is listed, the date must be specific	c and cannot be more than f	ive days prior or 90 days aft	er the filing.)
	te inserted in this block does not meet the ective date on the Department of State's		equirements, this date will not	be listed as the
	amed as registered agent to accept serve familiar with and accept the appointmen			e designated in tl
2	Xul Va		10/4/2022	
	Required Signature of Registe	red Agent	Date	
	cument and affirm that the facts stated he t of State constitutes a third degree felony			ted in a document
	Willard		10/4/2022	
	Required Signature of In	corporator	Date	2

STATE OF FLORIDA

DOMESTIC NON-PROFIT CORPORATION

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October 4, 2022

Prepared by: Candace Pollard 1105 W Maple Ave Geneva, Al. 36340 Candace Pollard

Print name of Incorporator

PH 2: 23

Signature of Incorporator