# N2300001188

(	(Requestor's Name)
(	(Address)
(	(Address)
(	(City/State/Zip/Phone #)
(	Business Entity Name)
(	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer.
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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

August 17, 2023

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 and check for payment.

Please register the enclosed Articles of Incorporation & Attachment to Articles of Incorporation for The Kammy House, Inc. <u>and return the original recorded</u> <u>Articles of Incorporation to us.</u>

Thank you,

U.Stim

Ulli Steiner Tax Professional Services, LLC

Enc.

Cert#: 7022 2410 0001 5305 9939

# **COVER LETTER**

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

The Kammy House, Inc.

SUBJECT:

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

□ S70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status ■\$78.75 Filing Fee & Certified Copy

□ S87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

Tax Professional Services, LLC FROM:

Name (Printed or typed)

1105 W Maple Ave

Äddress

Geneva, AL. 36340

City, State & Zip

334-684-6398

Daytime Telephone number

ulli@taxprollc.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)

<u>ARTICLE I</u> The name of	The Kammy f the corporation shall be:	' House, Inc.	
<u>ARTICLE I</u>	<u>I PRINCIPAL OFFICE</u>		
10	Principal <u>street</u> address: 93 Hwy 171	Mailing address, if different is: P. O. Box 904	
Gr	aceville, FL. 32440	Graceville, FL. 32440	
The purpose		is: Said organization is organized exclusively for charitable, religious. such purposes, the making of distributions to organizations that qualify as exempt	-
organization	ns under section 501 (c) (3) of the Intern	al Revenue Code, or corresponding section of any future federal tax code.	
		202	-
		<u> </u>	- स्टिह
<u></u>			
			: سر
ARTICLE	IV MANNER OF ELECTION The	manner in which the directors are elected and appointed: See altached	
ARTICLE	V INITIAL OFFICERS AND/OR D	RECTORS	
Name and T	Sitle:	Name and Title: Casey Davis, Vice President	
Address	P. O. Box 904	P. O. Box 904	
	Graceville, FL. 32440	Graceville, FL. 32440	
Name and T	itle:Cynthia W Fulp, S/T	Name and Title:	
Address	P. O. Box 904	Address:	
	Graceville, FL. 32440		

Name and Title:	Name and Title:
Address	Address:

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Name and Title:	Name and Title:	
Address	Address:	
Name and Title:	Name and Title:	
Address	Address:	
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#### ARTICLE VI REGISTERED AGENT

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

Name:	Karma K Kelly	
Address:	P. O. Box 904	
	Graceville, FL, 32440	
ARTICLE VII	INCORPORATOR	
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	Ulli Steiner	
Address:	1105 W Maple Ave	
/1001033,		

#### ARTICLE VIII EFFECTIVE DATE:

Geneva, AL. 36340

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.)

<u>Note:</u> 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

Required Signature of Registered Agent

08/17/2023

Date

Ę,

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.

Required Signature of Incorporator

08/17/2023

Date

# **STATE OF FLORIDA**

# DOMESTIC NON-PROFIT CORPORATION

# ATTACHMENT TO: ARTICLES OF INCORPORATION

# The Kammy House, 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.

August 17, 2023

Ulli Steiner Print name of Incorporator

Prepared by: Ulli Steiner 1105 W Maple Ave Geneva, Al. 36340

Signature of Incorporator