

TRANSMITTAL LETTER

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

FILED
00 OCT 23 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****87.50 *****87.50

SUBJECT: Kimble, 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Deborah L. Kimble
Name (Printed or typed)

4851 Lakeshore Dr
Address

St. Cloud, FL 34772
City, State & Zip

407-973-0037
Daytime Telephone number

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

D. BROWN OCT 2 4 2000

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Kimble, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4851 Lakeshore Dr.
St. Cloud, FL 34772

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To protect personally held assets in the event of litigation against the companies organized under the corporation.

ARTICLE IV SHARES

The number of shares of stock is:

one hundred

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

| | |
|--------------------------|---------------------|
| President/Vice President | Secretary/Treasurer |
| David A. Kimble | Deborah L. Kimble |
| 4851 Lakeshore Dr | 4851 Lakeshore Dr. |
| St. Cloud, FL 34772 | St. Cloud, FL 34772 |

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Deborah L. Kimble
4851 Lakeshore Dr.
St. Cloud, FL 34773

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DeborahL. Kimble
4851 Lakeshore Dr.
St. Cloud, FL 34772

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

Deborah L. Kimble
Signature/Registered Agent

10/19/00
Date

Deborah L. Kimble
Signature/Incorporator

10/19/00
Date

FILED
00 OCT 23 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA