POIOOOOOOOOOFILED

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 01 FEB 26 - PM 12: 29

SECRETARY OF STATE TALLAHASSEE FLORIDA

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	,		*****87.50
SUBJECT:	KBM & ASSOCIA (PROPOSED CORPORA	Ates INC TENAME-MUST INCL	UDE SUFFIX)
			• •
Enclosed is an origin	al and one(1) copy of the articl	es of incorporation and a	check for:
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM	Name (Pi		

407-566-0-512 Daytime Telephone number

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

Day 201

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:	FILED 01 FEB 26 PH 12: 29
KBM & AssociAtes, INC	SECRETARY OF STATE
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: KBM & ASSOCIATES, INC P.O.BOX 422201 KISSIMMER, FL 34747-220199 ARTICLE III PURPOSE	TALLAHASSEE FLORIO
The purpose for which the corporation is organized is: CONSULTING & REAL ESTATE VENTURES	
ARTICLE IV SHARES The number of shares of stock is: 50,000	•
ARTICLE V INITIAL OFFICERS (DIRECTORS (optional) The name(s) and address(es):	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registered agent is: LINGA E-SIMPSON 278 Celebration Blud Colobration 11/21/2	
Celebration, FL 34747 ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Robert A. & Linda E. Simpson 278 Celebration Blud	· · · · · · · · · · · · · · · · · · ·
Celebration, FL 34747 *********************************	********
Having been named as registered agent to accept service of process for the above stated of certificate, I am familiar with and accept the appointment as registered agent and agree to	orporation at the place designated in this
Signature/Registered Agent	<u>2-22-01</u> Date
Lucia Cheudson	2-22-01
Signature/Incorporator	Date