

P010880062070

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

500004433095--4  
-06/20/01--01087--019  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

KMB REPORTING SERVICES, 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:

\_\_\_\_ \$70.00 Filing Fee        X   \$78.75 Filing Fee & Certificate

FROM:

DIAN M EDWARDS

\_\_\_\_\_  
Name (Printed or typed)

1842 40TH TERR SW

\_\_\_\_\_  
Address

NAPLES, FL 34116

\_\_\_\_\_  
City, State & Zip

941-455-3047

\_\_\_\_\_  
Daytime Telephone number

FILED  
01 JUN 19 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FL 09019

6-21-01  
WMC

## ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

KMB REPORTING SERVICES, INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3460 6TH AVENUE NE  
NAPLES, FL 34120

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE HUNDRED SHARES (100)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

DIAN M EDWARDS  
1842 40TH TERR SW  
NAPLES, FL 34116

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

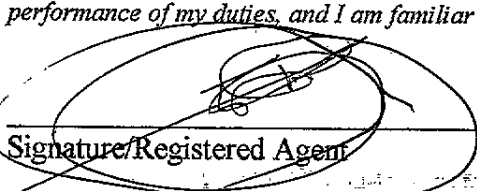
KELLEY MARIE BLECHA  
3460 6TH AVENUE NE  
NAPLES, FL 34120

  
Signature/Incorporator

6-15-01  
Date

(An additional article must be added if an effective date is requested.)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Signature/Registered Agent

6/15/01  
Date

FILED  
01 JUN 19 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA