

TRANSMITTAL LETTER

P01000076000

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

FILED

01 JUL 30 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: KAEMPFER ENTERPRISES OF FLORIDA, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900004506529--0
-07/30/01--01067--021
*****78.75 *****78.75

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: AL KAEMPFER
Name (Printed or typed)

3657 UNCLE GLOVER RD
Address

TALLAHASSEE, FL 32312
City, State & Zip

(850) 668-5974
Daytime Telephone number

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

D. BROWN AUG - 2 2001 ✓

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:

KAEMPFFER ENTERPRISES OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

KAEMPFFER ENTERPRISES OF FLORIDA, INC.
3657 UNCLE GLOVER RD
TALLAHASSEE, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEAT PACKING COMPANY

ARTICLE IV SHARES

The number of shares of stock is:

7,500 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

AL KAEMPFFER
3657 UNCLE GLOVER RD
TALLAHASSEE, FL 32312

ARTICLE VI REGISTERED AGENT

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

AL KAEMPFFER
3657 UNCLE GLOVER RD
TALLAHASSEE, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

AL KAEMPFFER
3657 UNCLE GLOVER RD
TALLAHASSEE, FL 32312

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA