

CARLTON Thomas

Requester's Name

304 S. ORANGE Blossom Trail

Address

ORLANDO FL 32805-407-649-1600

City/State/Zip

Phone #

P01000078721

Office Use Only

APPROVED  
AND  
FILED  
31 AUG 10 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time

☒ Certified Copy

☐ Mail out

☒ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

100004528351-1  
-08/10/01--01040--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

RECEIVED  
01 AUG 10 AM 10:13  
DIVISION OF CORPORATION

Examiner's Initials

8/10

**ARTICLES OF INCORPORATION**  
**FOR**  
**K AND J ENTERPRISES OF ORLANDO INC.**

APPROVED  
AND  
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**ARTICLE ONE**

THE NAME OF THE CORPORATION IS: K AND J ENTERPRISES OF ORLANDO INC.

**ARTICLE TWO**

THE PERIOD, TERM AND DURATION IS PERPETUAL.

**ARTICLE THREE**

THIS BUSINESS, IF GRANTED CORPORATE STATUS WILL COMMENCE ITS BUSINESS AS A PROVIDER OF MULTIPLE SERVICES, WHEREIN, WE WILL PROVIDE WATER DAMAGE CONTROL, AUTO PRESSURE WASHING AND AUTO DETAILING. WE WILL PROVIDE ANY OTHER RELATED SERVICES AS PROVIDED FOR BY STATUE. ALL OF THE COMPANY'S BUSINESS WILL BE CONDUCTED UNDER THE NAME OF K AND J ENTERPRISES OF ORLANDO INC.

**ARTICLE FOUR**

THE AGGREGATE NUMBER OF SHARES BY WHICH K AND J ENTERPRISES OF ORLANDO INC. SHALL HAVE THE AUTHORITY TO ISSUE WILL BE 2,000 SHARES. EACH SHARE SHALL HAVE A PAR VALUE ON ONE DOLLAR EACH.

**ARTICLE FIVE**

THE CORPORATION WILL NOT COMMENCE ANY OF ITS' BUSINESS UNTIL SUCH TIME AS IT HAS RECEIVED FOR THE ISSUANCE OF SHARES AN AMOUNT IN CONSIDERATION OF THE VALUE OF TWO THOUSAND DOLLARS.

**ARTICLE SIX**

THE STREET ADDRESS OF ITS INITIAL REGISTERED OFFICE IS 1621 PARK AVENUE APOPKA, FLORIDA 32703, **THE NAME OF THE REGISTERED AGENT IS KEITH GRIFFIN** WHOSE ADDRESS IS 1621 PARK AVENUE APOPKA, **FLORIDA 32703**. THE PRINCIPAL PLACE OF BUSINESS IS THE SAME AS THE REGISTERED OFFICE, WHICH IS 1621 PARK AVENUE APOPKA, FL. 32703.

#### ARTICLE SEVEN

THE NUMBER OF DIRECTORS WHICH SHALL CONSTITUTE THE BOARD DIRECTORS ARE TWO. THE NAMES AND ADDRESSES OF THE PERSONS WHICH WILL SERVE AS DIRECTORS ARE AS FOLLOW:

NAME

KEITH GRIFFIN  
WARREN THOMAS

ADDRESS

1621 PARK AVENUE APOPKA, FL. 32703  
1621 PARK AVENUE APOPKA, FL. 32703

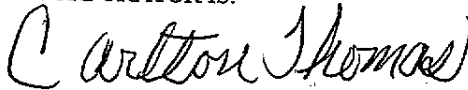
#### ARTICLE EIGHT

THE BOARD OF DIRECTORS SHALL HAVE THE POWER AND THE RIGHT TO DEVELOP, SET, AND OR MODIFY ITS BY-LAWS WITHOUT RESTRICTIONS OF THEIR POWERS AS CONFERRED BY STATUE.

#### ARTICLE NINE

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

CARLTON THOMAS  
304 SOUTH O.B.T.  
ORLANDO, FL 32805

A handwritten signature in black ink that reads "Carlton Thomas". The signature is written in a cursive style with a large initial "C".

THE DUTIES AND POWERS OF THE INCORPORATOR SHALL CEASE ONCE THE BUSINESS IS GRANTED FULL CORPORATE STATUS.

**CERTIFICATE OF DESTINATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF FLORIDA SUMMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICER/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

**K AND J ENTERPRISES OF ORLANDO INC.**

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

(NAME)

**KEITH GRIFFIN**  
(PO BOXES NOT ACCEPTABLE)  
**1621 PARK AVENUE**  
(CITY/STATE/ZIP)  
**APOPKA, FL. 32703**

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNED 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 PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY DESIGNATION AS REGISTERED AGENT.

*Keith Griffin*  
SIGNATURE

DATE

8-8-2001

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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