

P01000084/22
TRANSMITTAL LETTER
FILED

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

01 AUG 24 PM 3:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: KSM INVESTMENTS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

200004555252--6
-08/24/01--01055--008
*****87.50 *****87.50

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: JAMES E. MACALISTER, Ph.D.
Name (Printed or typed)

18827 JIRETZ RD.
Address

ODESSA, FL. 33556
City, State & Zip

(813) 926-5511
Daytime Telephone number

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

2000
8/24/01

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:

KSM INVESTMENTS, INC.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

KSM INVESTMENTS, INC.
18827 JIRETZ RD.
ODESSA, FLA. 33556

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To acquire, own and manage investment properties

ARTICLE IV SHARES

The number of shares of stock is:

120

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

DAVID G. SCHMITT
602 CARLISLE DR.
LUTZ, FL. 33549
VICE PRESIDENT

THOMAS J. KNAUS, PRESIDENT
19715 U.S. HWY. 41
LUTZ, FL. 33549

JAMES E. MACALISTER, SECRETARY
18827 JIRETZ RD.
ODESSA, FL. 33556

ARTICLE VI REGISTERED AGENT

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

JAMES E. MACALISTER, Ph.D.
18827 JIRETZ RD.
ODESSA, FL 33556

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES E. MACALISTER, Ph.D.
18827 JIRETZ RD.
ODESSA, FL. 33556

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