## PD3000028683

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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Office Use Only				



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## TRANSMITTAL LETTER

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

Enclosed are 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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: CHENJERAI C. BONES  Name (Printed or typed)				
P.O. Box 772291				
City, State & Zip				
352 - 861 <u>4</u> 950  Daytime Telephone number				

SUBJECT: KING KOBRA SYSTEMS /NC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

## ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: P.O. BOX 972291 FL OCALA 34477 ARTICLE III PURPOSE The purpose for which the corporation is organized is: COMPUTER SERVICES ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: KING KOBRA SYSTEMS 851 SW 117th CT 344 81 FL OCACA ARTICLE VII INCORPORATOR The name and address of the Incorporator is: RENITA R BONES 851 SW 117th CT 34481 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

ARTICLES OF INCORPORATION

KINGKOBRA SYSTEMS

Signature/Incorporator

The name of the corporation shall be:

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CONNING ANDONS