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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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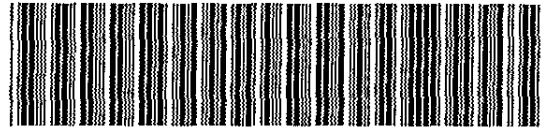
(Business Entity Name)

(Document Number)

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03 MAR 13 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: KYF SEMINARS, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: DALE KONIGSBURG, ESQ  
Name (Printed or typed)

4371 NORTHLAK BLVD, PMB 306  
Address

PALM BEACH GARDENS, FL 33410  
City, State & Zip

(561) 799-0177  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 4, 2003

DALE KONIGSBURG, ESQ.  
4371 NORTHLAKE BLVD.  
PMB 306  
PALM BEACH GARDENS, FL 33410

SUBJECT: KYF SEMINARS, INC.  
Ref. Number: W03000006197

We have received your document for KYF SEMINARS, INC.. However, the document has not been filed and is being returned for the following:

THE DOCUMENT SUBMITTED DOES NOT MEET LEGIBILITY REQUIREMENTS FOR FILING. PLEASE DO NOT ATTEMPT TO FILE THIS DOCUMENT UNTIL THE QUALITY HAS BEEN IMPROVED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole  
Corporate Specialist  
New Filings Section

Letter Number: 903A00013654

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03 MAR 13 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

KYF Seminars, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1820 North J Street  
Lake Worth, FL 33460**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To conduct all legal business

**ARTICLE IV SHARES**

The number of shares of stock is:

300

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Leo Raymond III, 1820 North J Street, Lake Worth, FL 33460, Director

**ARTICLE VI REGISTERED AGENT**The name and Florida street address of the registered agent is:

Leo Raymond III, 1820 North J Street, Lake Worth, FL 33460

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Leo Raymond III, 1820 North J Street, Lake Worth, FL 33460

\*\*\*\*\*  
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

x Leo Raymond III  
Signature/Registered Agent

3/11/03  
Date

x Leo Raymond III  
Signature/Incorporator

3/11/03  
Date

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03 MAR 13 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA