

P03000042162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

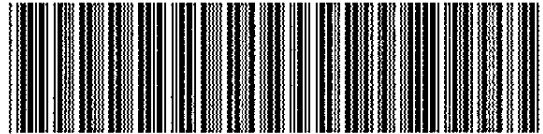
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/15/03--01054--006 **78.75

DIVISION OF CORPORATION

03 APR 15 PM 12:05

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 APR 15 PM 1:01

FILED

✓

4/15/03

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

The Keta Corporation

Signature _____

Requested by: RW 4/15

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- ☒ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☐ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☐ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☐ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ☐ Photo Copy _____
- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____
- ☐ Courier _____

FILED

03 APR 15 PM 1:01

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:

The Kita Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

209 Anastasia Blvd, St. Augustine, FL 32080

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Service

ARTICLE IV SHARES

The number of shares of stock is:

25,000

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:

Luann Allen
209 Anastasia Blvd
St. Augustine, FL 32080

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Luann Allen
209 Anastasia Blvd
St. Augustine, FL 32080

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

Luann Allen
Signature/Registered Agent

4.11.03
Date

Luann Allen
Signature/Incorporator

4.11.03
Date

LUANN ALLEN