

P03000061511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

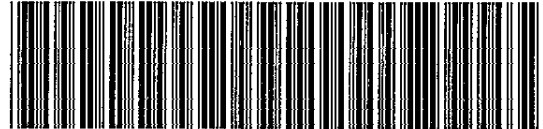
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200017274922

FILED  
03 JUN -4 PM 4:51  
STATE  
TALLAHASSEE, FLORIDA

06/05/03--01002--011 \*\*78.75

RECEIVED  
03 JUN -4 PM 4:42  
STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

*C.K. Corp. of Monticello*  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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:

*LINDIE D. KING*  
Name (Printed or typed)

*95 QUAIL LANE*  
Address

*MONTICELLO, FL. 32344*  
City, State & Zip

*850-342-3311*  
Daytime Telephone number

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

# 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:

C. K. Corp. of MONTICELLO

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

95 QUAIL LANE  
MONTICELLO, FL. 32344

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANAGING PRIVATE PROPERTIES

## ARTICLE IV SHARES

The number of shares of stock is:

1

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

CINDIE D. KING - OWNER/PRESIDENT

## ARTICLE VI REGISTERED AGENT

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

CINDIE D. KING  
95 QUAIL LANE  
MONTICELLO, FL. 32344

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CINDIE D. KING  
95 QUAIL LANE  
MONTICELLO, FL. 32344

FILED  
03 JUN -4 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*

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

6/2/03

Signature/Incorporator

Date

6/2/03