

P030000087039

(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:

✓ D. WHITE AUG - 8 2003

Office Use Only

Keith GAVE
AUTHORIZATION BY PHONE TO
CORRECT Articles
DATE 8/6/03
DOC. EXAM D White



100021911861

08/06/03--01074--002 **87.50

FILED
03 AUG - 6 AM 11:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: _____

Katelin Nikole 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: _____

Keith Tacti

Name (Printed or typed)

264 Mante Dr.

Address

Kissimmee FL 34743

City, State & Zip

407-348-6971

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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Katelin Nikole Inc.

03 AUG -6 AM 11:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

264 Mante Dr, Kiss, FL 34743

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

conducting business and financial gain.

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):

Keith Tact: (President)
Sally Tact: (Vice President)

ARTICLE VI REGISTERED AGENT

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

Keith Tact
264 Mante Drive, Kiss, FL 34743

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Keith Tact
264 Mante Drive, Kiss, FL 34743

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