

P03000102660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

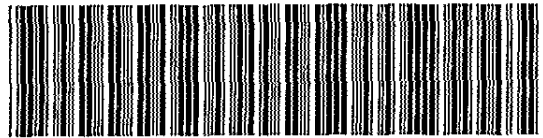
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 SEP 22 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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9/24

Transmittal Letter

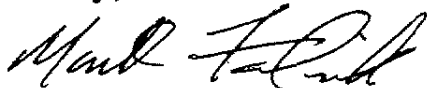
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: KBK MAKES CENTS, INC.

Dear Dept. of State,

Enclosed are an original and one (1) copy of the articles of incorporation and a check for \$78.75 for the filing fee.

Sincerely,



MARK FREDERICK
9890 MAZ LARGO CIRCLE
FORT MYERS, FL 33919

Articles of Incorporation

The undersigned incorporator, for purposes of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

Article I – Name

The name of the corporation shall be:

KBK MAKES CENTS, INC.

Article II – Principal Office

The principal place of business and the mailing address of this corporation shall be:

9890 MAR LARGO CIRCLE
FORT MYERS, FL 33919

Article III – Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

Article IV – Initial Registered Agent and Street Address

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

MARK FREDERICK
9890 MAR LARGO CIRCLE
FORT MYERS, FL 33919

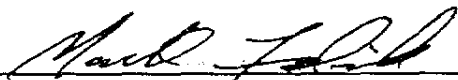
Article V – Incorporator

The name and address of the incorporator to these articles of Incorporation is:

MARK FREDERICK
9890 MAR LARGO CIRCLE
FORT MYERS, FL 33919

Article VI – Effective Date

The date requested for the acceptance of these Articles of Incorporation is: ASAP



Signature/Incorporator

9/18/03

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature/Registered Agent

9/18/03

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED