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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: MARK KITTERER INC
(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

☒ ~~\$78.75~~
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: MARK KITTERER
Name (Printed or typed)

125 madison PI
Address

ENTER PRISE FL 32725
City, State & Zip

407 947 9471
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:

Mark KITTERER INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

125 madison pl
ENTERPRISE FL 32725

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSTRUCTION

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Vice President	President	Secretary	Treasurer
Mark KITTERER	Mark KITTERER	Mark KITTERER	Mark KITTERER
125 madison pl	125 madison pl	125 madison pl	125 madison pl
ENTERPRISE FL	ENTERPRISE FL	ENTERPRISE FL	ENTERPRISE FL
32725	32725	32725	32725

ARTICLE VI REGISTERED AGENT

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

Mark KITTERER
125 madison pl
ENTERPRISE FL 32725

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mark KITTERER pl
125 madison
ENTERPRISE FL 32725

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

10 18 03

Date



Signature/Incorporator

10 18 03

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA