

P03000124089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

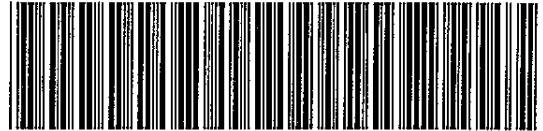
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03 OCT 24 PM 5:09

SECRETARY OF STATE
FALL ARREST

✓

6/11/11

TRANSMITTAL LETTER

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

SUBJECT: K. WEED CONSULTANTS 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

GLENN WEED

Name (Printed or typed)

48 WESTFIELD LANE

Address

PALM COAST, FL. 32164

City, State & Zip

386-931-2491

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: **K. WEED CONSULTANTS INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: **48 WESTFIELD LANE
PALM COAST FL. 32164**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **BUILDING CONTRACTOR**

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):

**GLENN WEED PRESIDENT
48 WESTFIELD LANE
PALM COAST FL. 32164**

**KATHRYN WEED VICE PRESIDENT
48 WESTFIELD LANE
PALM COAST FL. 32164**

ARTICLE VI REGISTERED AGENT

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

**GLENN WEED
48 WESTFIELD LANE
PALM COAST FL. 32164**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**GLENN WEED
48 WESTFIELD LANE
PALM COAST, FL. 32164**

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

FILED
03 OCT 24 PM 5:09
SECRETARY OF STATE
TALLAHASSEE FL 32310