

P04000075454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

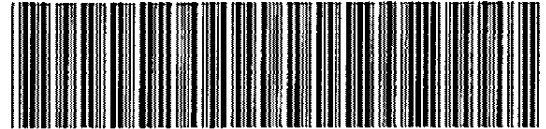
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100032950441

04/19/04--01024--012 **70.00

FILED
04 MAY 10 AM 9:11
STATE
TALLAHASSEE, FLORIDA

CB 5-11

TRANSMITTAL LETTER

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

SUBJECT: Kevin Knight 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: Kevin Knight

Name (Printed or typed)

2441 Sable Dr.

Address

Kissimmee, Fl 34744

City, State & Zip

423-593-7379

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 4, 2004

KEVIN KNIGHT INC.
2441 SABLE DR
KISSIMMEE, FL 34744

We have received your document for KEVIN KNIGHT INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the number of shares in article IV, not the percent. Please complete article VI by listing the persons name.,

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock
Document Specialist
New Filings Section

Letter Number: 804A00026780

ARTICLES OF INCORPORATION

compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:
Kevin Knight Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
2441 Sable Dr. Kissimmee, Fl 34744

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Construction

ARTICLE IV SHARES

The number of shares of stock is:
1 (ONE)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Kevin Knight 2441 Sable Dr. Kissimmee, Fl 34744 Owner

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
Georgine M. Knight
2441 Sable Dr. Kissimmee, Fl 34744

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Kevin Knight 2441 Sable Dr. Kissimmee, Fl 34744

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

Kevin Knight

Signature/Registered Agent

4-16-04

Date

Kevin Knight

Signature/Incorporator

4-16-04

Date

FILED

04 MAY 10 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA