

P04000118825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

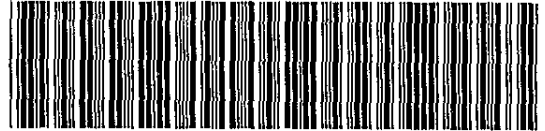
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Michael Owens GAVE
AUTHORIZATION BY PHONE TO
CORRECT corp name
DATE 8-16-04
DOC. EXAM g



100039620311

07/29/04--01058--002 **78.75

FILED
04 AUG 16 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

004-31110

g

TRANSMITTAL LETTER

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

SUBJECT: Kirbidoq, corporation
(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

*Filed previously
check has been cashed.*

FROM: Michael C. Owens
Name (Printed or typed)

1248 Snowbell Place
Address

Wellington, FL 33414
City, State & Zip

561-313-5140
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 30, 2004

MICHAEL C. OWENS
1248 SNOWBALL PLACE
WELLINGTON, FL 33414

SUBJECT: RAYCAR CO.
Ref. Number: W04000029215

We have received your document for RAYCAR CO. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6878.

Alan Crum
Document Specialist
New Filings Section

Letter Number: 804A00047888

* Revised

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:

Kirbidog corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1248 Snowbell Place, Wellington, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

catering / small events food service

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):

President - Michael C. Owens
Secretary - Suzette N. Owens

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

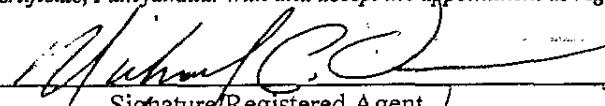
Michael C. Owens
1248 Snowbell Place
Wellington, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael C. Owens
1248 Snowbell Place
Wellington, FL 33414

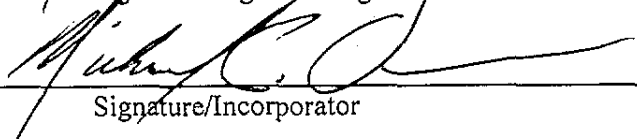
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

8/14/04

Date



Signature/Incorporator

8/11/04

Date