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PICK-UP WAIT MAIL
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(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## TRANSMITTAL LETTER

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

SUBJECT: K	EFOLS KOTNER (PROPOSED CORPORA)	-/Ledbeta	Er, Inc
	(PROPOSED CORPORA	TENAME - MUST INCLU	JDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	1 NOA B. Name: 5268 S100	Leabetter (Printed or typed)	<u> </u>
	Tallahassee City,	Address  F 35  State & Zip	3/7

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) NAME The name of the corporation shall be: Korner fLedbetter, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: PO B 64 1236 Claw fordocle, Fl. 33326 The purpose for which the corporation is organized is: 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): LINDA B Ledbetter 5668 SIOUX Dr. Tallahussee, Fl. 30317 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: ARTICLE VII INCORPORÁTOR The name and address of the Incorporator is: 568 SIOUX Dr *3*33/7 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 Ager

Signature/Incorporator