## P04000/4/320

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SECHETARY OF STATE



9/10/1

## TRANSMITTAL LETTER

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

SUBJECT:	Kille Griffin	Inc		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an or	iginal and one (1) copy of the arti	cles of incorporation and	a check for:	
□ \$70.00	<b>□√</b> \$78.75	□ \$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL CO		
FROM: _	Ron Beni Name	(Printed or typed)		
58 Sioux Circle				
Havang H 32333 City, State & Zip				
(850) 539-5171  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:	
Kyle Griffin Inc	
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  3333 Albert DR  Tallohassee, H 33309	FILED  04 OCT 12 AM 9: 21  SECRETARY OF STATE STATE ALLAHASSEE FILORI
The purpose for which the corporation is organized is:  Physical Helapy	D 9: 21 F STATE FILORITY
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  Kyle Gliffin 3333 Albert De Tallahasse  James Walker 3233 Albert De Tallahasse	14 II 32309 - President II 32309 - Vice fresiden
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:	
Ron Benfield 58 Sioux Circle	
Havana A. 32333 <u>ARTICLÉ VII INCORPORATOR</u>	
The name and address of the Incorporator is:  Ron Ben Field  58 Stoux Citale	
Hovana, Fl 32333 *********************************	**********
Having been named as registered agent to accept service of process for the above stace certificate, I am familiar with and accept the appointment as registered agent and agree	
Signature/Registered Agent	Date
Signature/Incorporator	10/12/04 Date
<b>▼</b>	