

PD4000161749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

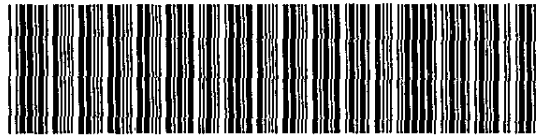
(Document Number)

Certified Copies

Certificates of Status

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.S. 12/2

TRANSMITTAL LETTER

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

K I FLOORING INC

SUBJECT:

(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

KEVIN JUSTINIANO

FROM:

Name (Printed or typed)

14019 BEACH BLVD LOT 881

Address

JACKSONVILLE, FL 32250

City, State & Zip

(904) 992-8366

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 I FLOORING INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
14019 BEACH BLVD LOT 881 JACKSONVILLE, FL 32250

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
FLOORING INSTALLATION

ARTICLE IV SHARES

The number of shares of stock is:
500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
KEVIN JUSTINIANO 14019 BEACH BLVD LOT 881, JACKSONVILLE, FL 32250
PRESIDENT

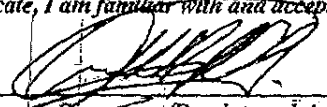
ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
KEVIN JUSTINIANO 14019 BEACH BLVD LOT 881, JACKSONVILLE, FL 32250

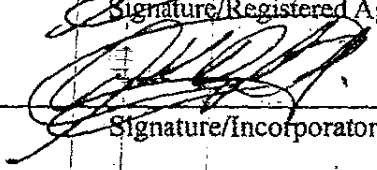
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
KEVIN JUSTINIANO 14019 BEACH BLVD LOT 881, JACKSONVILLE, FL 32250

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



Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/19/04

Date

11/19/04

Date