

FD500032023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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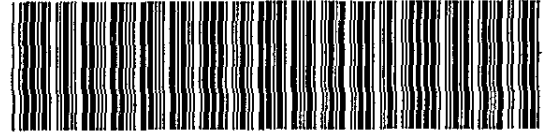
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: KMG COMMUNICATIONS, 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: KAREN GONALEZ

Name (Printed or typed)

4836 N ST RD 7 #202

Address

COCONUT CREEK, FL 33073

City, State & Zip

954-461-8585

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:

KMG COMMUNICATIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4836 N ST. RD. 7 # 202
COCONUT CREEK, FL 33073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT ANY LAWFUL BUSINESS ACTIVITY

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):

KAREN GONZALEZ - PRESIDENT
4836 N ST. RD. 7 # 202
COCONUT CREEK, FL 33073

KAREN GONZALEZ - SECRETARY
4836 N ST RD. 7 #202

ARTICLE VI REGISTERED AGENT

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

KAREN GONZALEZ
4836 N ST RD. 7 #202
COCONUT CREEK, FL 33073

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LOUIS BOLOGNA
8012 WILES RD. STE 7
CORAL SPRINGS, FL 33073

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


Date


Signature/Incorporator


Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA