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TRANSMITTAL LETTER

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

SUBJECT: _KKP Services 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

2 \$78.75 Filing Fee & Certificate of Status

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□ \$78.75 Filing Fee & Certified Copy

\$87.50 Filing Fee, Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

Kim K Porreca FROM: ____ Name (Printed or typed)

> 4112 Kingsfield Drive Address

Parrish, FL 34219 City, State & Zip

941-737-5413

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:

KKP Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4112 Kingsfield Drive Parrish, FL 34219

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Accounting Services

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):

Kim K Porreca 4112 Kingsfield Drive Parrish, FL 34219 President

ARTICLE VI REGISTERED AGENT

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

Kim K Porreca 4112 Kingsfield Drive Parrish, FL 34219

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kim K Porreca 4112 Kingsfield Drive Parrish, FL 34219

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

gnature/Registered Agent

Signature/Incorporator

21-0 Date