

POS000138160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

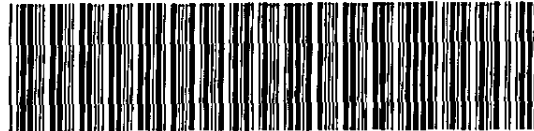
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/11/05 11:11:08 \*\*20.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 OCT 11 P 12:59

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10-11-05  
500



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 28, 2005

GORDON KILLION  
1747 WINFIELD RD N  
CLEARWATER, FL 33756

SUBJECT: KILLION & ASSOCIATES  
Ref. Number: W05000044851

We have received your document for KILLION & ASSOCIATES and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock  
Document Specialist  
New Filings Section

Letter Number: 205A00059205

**COVER LETTER**

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

**SUBJECT: Killion & Associates, 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: Gordon Killion**  
Name (Printed or typed)

**1747 Winfield Road N**  
Address

**Clearwater FL 33756**  
City, State & Zip

**727-443-7067**  
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:

Killion & Associates, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1747 Winfield Road N  
Clearwater FL 33756

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Surveying & Construction

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Gordon F. Killion - President

**ARTICLE VI REGISTERED AGENT**

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

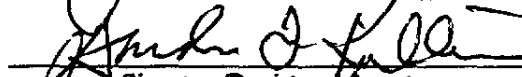
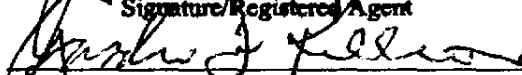
1747 Winfield Road N. Gordon F. Killion  
Clearwater, FL 33756

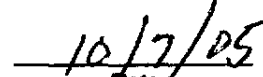

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Gordon F. Killion  
1747 Winfield Road N  
Clearwater, FL 33756

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA