

P06000039224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

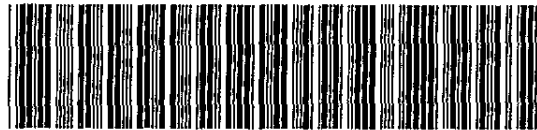
(Document Number)

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Special Instructions to Filing Officer:

Kearney A. Kline GAVE
AUTHORIZATION BY PHONE TO
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DATE 7-19-06
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2006 MAR 16 PM 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Bunch MAR 17 2008

COVER LETTER

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

SUBJECT: K&M 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: Kearney A. Kline

Name (Printed or typed)

5899 Northridge Drive N.

Address

Naples, FL 34110

City, State & Zip

239-592-6448

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&M ASSOCIATES GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5899 Northridge Drive N.
Naples, FL. 34110

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

IT Professional Services, Business Consulting

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kearney A. Kline, President 5899 Northridge Dr. N Naples, FL 34110
Marion L. Kline, Vice President 5899 Northridge Dr. N. Naples FL 34110

ARTICLE VI REGISTERED AGENT

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

Kearney A. Kline 5899 Northridge Dr. N. Naples, FL 34110

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kearney A. Kline 5899 Northridge Dr. N. Naples, FL 34110

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

3-8-06
Date



Signature/Incorporator

3-8-06
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA