

PO0000152686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

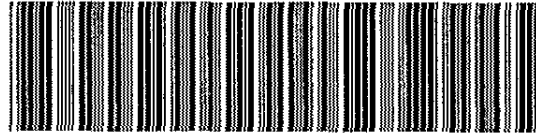
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300082426843

12/12/06--01054--002 \*\*70.00

FILED  
DEC 12 AM 11:34  
STATE  
OFFICE

*Da*

## COVER LETTER

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

**SUBJECT:** KMH Consulting Corporation  
(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:** Kamal M. Hamed  
Name (Printed or typed)

/ 2703 S.W. 20th Avenue  
Address

Ocala, Florida 34474  
City, State & Zip

352-817-6461  
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:

KMH Consulting Corporation

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2703 S.W. 20th Avenue  
Ocala, Florida 34474

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Consulting services

## **ARTICLE IV SHARES**

The number of shares of stock is:

1

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Kamal M. Hamed - President, Secretary, Treasurer  
2703 S.W. 20th Avenue  
Ocala, Florida 34474

## **ARTICLE VI REGISTERED AGENT**

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

Kamal M. Hamed  
2703 S.W. 20th Avenue  
Ocala, Florida 34474

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

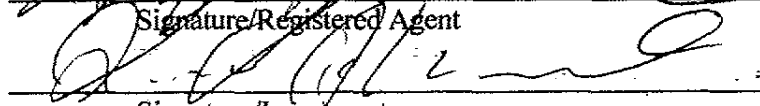
Kamal M. Hamed  
2703 S.W. 20th Avenue  
Ocala, Florida 34474

\*\*\*\*\*  
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

12-8-06

Date

  
Signature/Incorporator

12-8-06

Date

FILED  
06 DEC 12 AM 11:34  
STATE  
FLORIDA