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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number: I20000000257

Fax Number

: (850)224-8870 er : (850)224-7047 : (850)224-7047



### FLORIDA PROFIT/NON PROFIT CORPORATION

KimberlyDale, Inc.

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SECRETARY OF STATE
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# ARTICLES OF INCORPORATION

#### **OF**

## KimberlyDale, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is KimberlyDale, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 4915 Southfork Drive, Lakeland, Florida 33813

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is twenty (20) shares having a par value of (\$1.00) per share.

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#### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Dale G. Jacobs, 4915 Southfork Drive, Lakeland, FL 33813

#### ARTICLE V: OFFICERS & DIRECTORS

The name and address of the initial Officers and Directors of the corporation are:

Dale Gardner Jacobs, President, 4915 Southfork Drive, Lakeland, Florida 33813

Kimberly Maher, Vice President, 4915 Southfork Drive, Lakeland, Florida 33813

#### ARTICLE VI: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL. 32301.

The undersigned has executed these Articles of Incorporation this 19th day of March 2007.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"

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#### REGISTERED AGENT/REGISTERED OFFICE

organized under the law	ons of section 607,0501, Florida Statutes, the mentioned corporation, so of the state of Florida, submits the following statement in designating distered agent, in the state of Florida.
1. The name of the corp	poration is: Kimberly Dale, Inc.
2. The name and street	address of the registered agent and office is: Doll H Lacobs
4915:5	southfirk Drive: Laheland FL 33813
PROCESS FOR THE THIS CERTIFICATE,	AS REGISTERED AGENT AND TO ACCEPT SERVICE OF ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE
PROVISIONS OF ALL PERFORMANCE OF	STATUTES RELATING TO THE PROPER AND COMPLETE MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE MY POSITION AS REGISTERED AGENT.