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COVER LETTER

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

SUBJECT:	W.K.A SERVICE, INC			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	<u>JUDE SUFFIX</u>)	
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	l a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☑ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:		K. Arnold Printed or typed)		
	12622 Memorial Highway Lot 53 Address			
	Tampa, FL 33635 City, State & Zip			
		-855-7464 elephone 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:

W.K.A. Services, Inc.

PRINCIPAL OFFICE ARTICLE II

The principal street address and mailing address, if different is:

12622 Memorial Highway Lot 53 Tampa, FL 33635

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Floor covering and measurements

ARTICLE IV SHARES

The number of shares of stock is: 1000

INITIAL OFFICERS AND/OR DIRECTORS

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

William K. Arnold 12622 Memorial Highway Lot 53

Tampa, FL 33635

ARTICLE VI REGISTERED AGENT

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

William K. Arnold 12622 Memorial Highway Lot 53 Tampa, FL 33635

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

William K. Arnold 12622 Memorial Highway Lot 53 Tampa, FL 33635

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