

P08000051230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

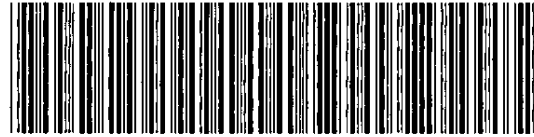
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900129666789

05/23/08--01003--001 \*\*78.75

RECEIVED  
08 MAY 22 PM 3:01  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 MAY 22 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6/5/08

## COVER LETTER

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

SUBJECT: Kio, 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: Emile Meyer  
Name (Printed or typed)

P.O. Box 307  
Address

Tallahassee, FL 32302  
City, State & Zip

~~850-933-2200~~  
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:

Kiosigns, inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

304 W. College Ave.  
Tallahassee, FL 32301 suite 103

Mailing Address  
P.O. Box 307  
Tallahassee, FL 32302

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

## ARTICLE IV SHARES

The number of shares of stock is: 100,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Emile Meyer  
304 W. College Ave. Suite 103  
Tallahassee, FL 32301  
P/CEO

## ARTICLE VI REGISTERED AGENT

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

Emile Meyer  
304 W. College Ave. Suite 103  
Tallahassee, FL 32301

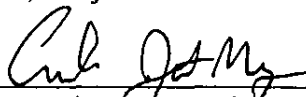
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

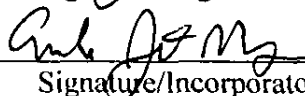
Emile Meyer  
304 W. College Ave. Suite 103  
Tallahassee, FL 32301

\*\*\*\*\*

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

5/22/09

Date

5/22/09

Date

FILED  
08 MAY 22 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA