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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

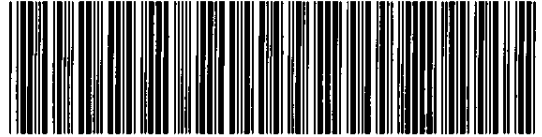
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Kevin Tile 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Kevin Kronillis
Name (Printed or typed)

1730 SW 7th Avenue # 16
Address

Pompano Beach, FL 33060
City, State & Zip

772-240-9559
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:

Kevin Tile Inc.

ARTICLE II PRINCIPAL OFFICE

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

1730 SW 7th Avenue #16, Pompano Beach, FL 33060

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kevin Kronilllis - President
1730 SW 7th Avenue #16
Pompano Beach, FL 33060

ARTICLE VI REGISTERED AGENT

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

Kevin Kronilllis
1730 SW 7th Avenue #16
Pompano Beach, FL 33060

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kevin Kronilllis
1730 SW 7th Avenue #16
Pompano Beach, FL 33060

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

11-4-08

Date

11-4-08

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA