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SECREPARY OF STATE

# **COVER LETTER**

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

SUBJECT: KATHO	ONY FAMILY TRUST, INC. (PROPOSED CORPORA	ATÉ NAMÉ – <u>MUST INCI</u>	UDE SUFFIX)
Enclosed are an original	inal and one (1) copy of the art	icles of incorporation and	I a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	KATHONY FAMILY TRUST, INC. Name (Printed or typed)		
	606 VICTORIA	HILLS DRIVE Address	
50 <sub>1</sub>		32724 , State & Zip	· · ·
	407 312-9741 Daytime	Telephone number	

NOTE: Please provide the original and one copy of the articles.

FIL.ED

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE TALLAHASSEF, FLORIDA

KATHONY FAMILY TRUST, INC.

. ÁRTICLES OF INCORPORATION

### ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 606 VICTORIA HILLS DRIVE DELAND FL 32724

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INVESTMENTS

### ARTICLE IV SHARES

The number of shares of stock is: 1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): ANTHONY GUADAGNINO P/D 606 VICTORIA HILLS DRIVE DELAND FL 32724

KATHLEEN MARINO S/T/D 16 WOODBRIDGE DRIVE

DCALA FL 34482

### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: ANTHONY GUADAGNINO 606 VICTORIA HILLS DRIVE

DELAND FL 32724

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: ANTHONY GUADAGNINO 606 VICTORIA HILLS DRIVE DELAND FL 32724

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

Date

Signature/Incorporator

Date