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SECRETARY OF STATE

COVER LETTER

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

(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 □ \$78.75 Filing Fee Filing Fee & Filing Fee, & Certificate of Status & Certified Copy & Certificate Status
ADDITIONAL COPY REQUIRED
FROM: KOTH RENSVOLD Name (Printed or typed)
5237 Arbor Glencir.
Lake Worth Fl 33463 City, State & Zip
501-310 - 0912 Daytime Telephone number
E-mail address: (to be used for future annual report notification)

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: Kreinsvoldnesbitt inc. ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 5237 Arbor Glan Cir Lake Worth, FL 33463 **PURPOSE** ARTICLE III The purpose for which the corporation is organized is: Customer service ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Katie Reinsvold - president Josh Nesbitt - UP. ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Kathe Reinsvold 5237 Arbor Glencir. Lake Worth F1 33463 INCORPORATOR ARTICLE VII The <u>name and address</u> of the Incorporator is: 5237 Arbor Glen ar. Katie Reinsvold Lake Worth, F1 33463. 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