

P09000076/20

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

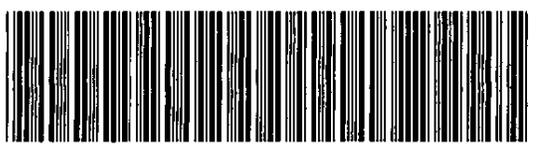
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W09-38766~~

Office Use Only

[Handwritten Signature]
9/14



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09/26/09--01020--006 **78.75

FILED
2009 SEP - 8 PM 4: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: KATE FROST, 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: KATE FROST
Name (Printed or typed)

1010 HORTON STREET
Address

NEW SMYRNA BEACH, FL
City, State & Zip

~~386~~ - 407 - 760 - 8072
Daytime Telephone number

KateFrost@chl.fl.com
E-mail address: (to be used for future annual report notification)

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



RECEIVED
DEPARTMENT OF STATE
09 SEP -8 AM 11:33

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2009

KATE FROST
1010 HORTON STREET
NEW SMYRNA BEACH, FL 32169

SUBJECT: KATE FROST INC.
Ref. Number: W09000038766

We have received your document for KATE FROST INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 409A00028927

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: **KATE FROST INC.**

ARTICLE II PRINCIPAL OFFICE

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

1010 Horton St. New Smyrna Beach, FL 32169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
consulting, online solutions

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):

KATE FROST, president
JAMES FROST, vice president

ARTICLE VI REGISTERED AGENT

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

KATE FROST
1010 HORTON ST.
NEW SMYRNA BEACH, FL 32169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KATE FROST
1010 HORTON ST.
NEW SMYRNA BEACH, FL 32169

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Kate Frost

Signature/Registered Agent
Kate Frost

Signature/Incorporator

9-2-09

Date
8.24.09

Date